Clinical Lecture
ON
EXOPHTHALMIC GOITRE.

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GENTLEMEN, — The subject of Exophthalmic Goitre is satisfactorily illustrated in the example now before you. The patient is a single woman, thirty years of age, a native of the district, and a cook by occupation. Her father died of pneumonia at the age of sixty years. Her mother, aged eighty, is living and in good health. One of her brothers died from pulmonary consumption. The woman herself was under treatment in this infirmary for some scrofulous disease eight years ago.

You will at once perceive in this case the two salient and necessary features—the essential constituents—of exophthalmic goitre: viz., extraordinary prominence of the eyeballs, and great swelling in front, and at the sides, of the neck, which results from enlargement of the thyroid gland. These conditions have held only for about eighteen months, and have been quite gradual in their development. But a third feature of the case, which may perhaps be regarded as necessary to the development of the affection under consideration—palpitation of the heart,—has been much longer present. The patient states that three years ago she began to be affected by palpitations of the heart, and that the palpitations have gradually increased in force and frequency. At the time of her admission into the hospital, under my care, they were rarely absent.

The patient is somewhat anæmic in aspect, and you will remember that she has actually suffered from scrofulous disease. The catamenial discharges are absent, but the menstrual molimen is still marked by recurring profuse leucorrhœa. She is nervous and excitable; her sleep is bad; and her waking is immediately followed by severe headache, which generally affects the left side of the head most severely.

The physical examination of the heart shows little that is abnormal in size or position; but a systolic anæmic bruit has been heard over the base of the heart occasionally. The palpitations are often exceedingly violent, the cardiac impulse being very manifest in the large arteries, and easily seen and felt in the cardiac region and in the thyroid gland, which expands considerably with each pulsation. And it is remarkable, often, that while the carotids beat violently, as urged by the ventricular systole, the radials at the wrist are little or not at all affected. Moreover, the stethoscope detects a distinct bellows-sound, or a whizzing or purring noise in connexion with the carotid circulation, as modified by the thyroid tumour. This is especially observable on the right side, where, on palpation, a peculiar trembling is felt.

The enlargement of the thyroid body is irregular, affecting the whole gland, but is greatest on the right side. The corresponding carotid artery is more affected than that on the left side. From this cause, most probably, the exophthalmia is irregular in its development, the right eye projecting more than the left. Moreover, the protrusion of the eyeballs, like the swelling of the thyroid, is always greatest when the palpitation of the heart is most violent, when the carotid pulsation, or rather the ventricular contractions, are most powerful; and it is remarkable that this protrusion began at a time when the headaches first became very troublesome, from dependence of the latter, most probably, upon disturbed conditions of the intra-cranial circulation. You will notice that the eyeballs are constantly rising and falling during nervous excitement, and, of course, during the violent pumping action of the heart; and that congestion of the conjunctiva and epiphora are troublesome consequences of these conditions. Then the pressure from within the orbits upon the eyeballs is not equal, and hence the accommodating power of the eyeballs to objects in the field of vision is interfered with, is imperfect. Double vision and other disorders of sight are, in this case, the result—conditions which are intensified by pressure upon the eyeballs of their own muscles.

The blood itself is abnormal, the number of white corpuscles being disproportionately large as compared with the blood-mass, and also as compared with the number of red corpuscles. Examination of the abdomen has given negative results only; no enlargement of the spleen, liver, or other organs, has been found.

This is the whole case. The diagnosis is actually dependent upon the presence of the thyroid enlargement, and the excessive prominence of the eyeballs, although with these conditions is always associated palpitation of the heart. Several cases of exophthalmic goitre have, from time to time, been received into this hospital, and it would be easy to multiply illustrative examples; but the cases vary only in degree in their cardinal features, however much they may vary in accompanying or antecedent diseases. Let me observe, however, that in every instance which has come under my observation, the patient has been constitutionally feeble and more or less anæmic. In every instance palpitation of the heart has been present as an initial symptom, and, in two cases at least, there has been irresistible evidence of the presence of scrofula. The morbid anatomy of exophthalmic goitre is variable principally in reference to phase in the diseased action, but somewhat in connexion with peculiarity in individual organisation. In the fully developed disorder the blood shows constitutional poverty—shows disproportion between solid and fluid constituents—between cellular elements and whole blood-mass, and between the numbers of white and of red corpuscles. The heart is found really diseased from time to time. True hypertrophy is only sometimes evident during the lifetime of the patient; but it has been found after death when its presence had not previously been suspected. The enlargement, when present, generally affects especially the left ventricle, as might have been expected from the violence and frequency of the ventricular contractions in the course of the diseased action. Alterations have been found from time to time in the orifices and in the valves of the heart, and fatty, atheromatous, and other degenerations of the heart and large arteries have also been found. Then the thyroid gland is enlarged, and it is remarkable how materially this enlargement is dependent upon particular vital conditions. Some violent straining effort, perhaps, as in parturition, a hysterical fit, &c., effects enlargement by engorging the vessels of the organ. This enlargement does not at once subside, and recurring engorgements enhance the dimensions of the tumour. In the earlier stages of the affection hyperplasia of the proper tissues of the gland can hardly be said to be present; eventually, however, their increase actually takes place. The arteries are found to be dilated and tortuous, with large anastomoses. The veins, also, are enlarged, showing numerous varicosities. The general appearance of the gland is commonly cavernous and sponge-like, a condition which, under the influence of violent palpitations, or great straining efforts, develops a kind of erectile quality in the thyroid mass. Interstitial deposits of gelatinous matter, and even of blood, are also sometimes found. The carotid artery undergoes palpable change; its lumen is certainly sometimes increased, and malnutrition of the thyroid gland follows, perhaps as a matter of course, the gland mass even becoming—as in cases reported by Dr. Goodhart and by Dr. Howse—dense and flesh-like. The gland structures finally undergo transformation, and contraction—atrophy—is occasionally observed. In the orbit the same sponge-like condition of the connective tissue, the same dilatations of bloodvessels, are to be found, as in the thyroid gland. The connective tissue becomes hypertrophied, and sometimes quite dense eventually, so that the eyeballs remain prominent after death. The fat-cells also have been found abnormally numerous; and congestions, extravasations, and pigmentary deposits have been found within the globe of the eye itself. The eyeball is pressed forward from behind, becoming prominent especially, as in the matter of the thyroid, and as we have seen to hold in our patient when the palpitations of the heart are severe, or when great straining efforts are made; when, in short, the cavernous tissues behind the globe are charged excessively with blood. This altered condition of localised circulation is probably to be found in many portions of the body—in the abdomen, in the cranium, and in the thorax; and hence engorgements, hæmorrhages, minute arterial dilatations (aneurisms), and hence, too, atheromatous, fatty, and other degenerations. The central nervous system has been found diseased, also,

in exophthalmic goitre—notably, perhaps, the sympathetic nerves, and especially their cervical ganglia. These organs have been found enlarged and vascular and softened, sometimes atrophied, and otherwise diseased; and sometimes careful examination has failed to detect in them any abnormality. Nevertheless, I have to submit that some form of disease in the sympathetic, organic or functional, is almost certainly present in exophthalmic goitre. The ventricular contractions of the heart, however forcible, would effect comparatively little if the narrowing bloodvessels were possessed of normal resisting power; and the localised stasis of blood in the thyroid and in the orbital connective tissue would be comparatively insignificant. But the nervous vaso-motor controlling agency is in abeyance or it is modified, and the walls of the bloodvessels readily yield. This conclusion appears to be inevitable in the face of the fitful and vehement ventricular contractions on the one hand, and the known action of the sympathetic nerves on the other. If, therefore, diseased conditions are not manifested in the cervical ganglia or nerve-fibres of the sympathetic, we are bound to inquire whether present means of investigation are competent to the detection of forms or phases of disease in them which are sufficient for the destruction or modification of their vaso-motor function, and also whether this injured function is not the result of morbid change in the medulla oblongata or in the encephalon. The observations of Stricker and others show that nerve-fibres actually exist in the cervical region of the spinal cord which possess the power of accelerating the action of the heart; and it is known that the vagi nerves have an important influence upon this organ. Moreover, the peculiar irritability of patients suffering from exophthalmic goitre, the implacable and exacting quality of their minds, and the almost constantly present condition of ingratitude in them, go to show a morbid condition of the higher functions of the brain itself. The morbid constitution thus indicated is, doubtless, sometimes inherited; possibly it is often acquired, and certainly it is banefully affected by sexual disturbances, by derangements of the organs of digestion and of assimilation, and by the incidence of bad hygienic and moral influences. The conditions indicated surely react on each other, and, step by step, appear to evolve the entire malady.

The patient has improved greatly during her short stay in the hospital. The mind is more composed and more placable, the palpitations are less violent and less frequent, the eyeballs are less prominent, and the goitrous tumour is materially reduced in size. These improved conditions are attributable to the regulated quiet of hospital life, to careful diet and regimen, and to the therapeutic action of phosphate of iron and quinine and of iodide of iron. Digitalis—a favourite remedy—did not produce any marked effect on the number or force or unsteadiness of the cardiac pulsations. But, probably, further salutary effects will be produced if the present course of treatment is not sufficient, by the use of arsenic, strychnia, electricity, and like remedies. Under ordinary circumstances the first indications are to soothe the system generally, and correct disorders of the digestive organs, by such drugs as morphia or belladonna or bromide of potassium, and stomachic aperients and simple nutritious diet, and isolation from irritating mental influences. The next indications are to give quinine, salicylic acid, or digitalis, to control, if possible, the inordinate cardiac action,—excessive corporeal wear and tear; and, finally, by iron, iodine, arsenic, strychnia, perhaps alcoholic stimuli, highly nutritious food, open-air exercise, and the judicious employment of galvanism and of hydropathy, to alter and improve the abnormal conditions of the central nervous organs, and to sustain them in healthy functional life. Possibly tracheotomy or laryngotomy may become necessary to obviate impending death from pressure of the goitrous tumour.

SURGEON-MAJOR REYNOLDS, V.C. — At the Winter Commencements, University of Dublin, held on the 17th inst., the degree of LL.D. *honoris causâ* was conferred on this distinguished officer, an honour bestowed on him by the provost and senior fellows on the unanimous recommendation of the professors of the School of Physic, Trinity College. After the degree had been conferred, a beautiful revolver, mounted in ivory, enclosed in a handsome box, with a supply of ammunition, was presented to Dr. Reynolds, which had been mainly subscribed for by the students of the medical school, and bore an inscription in Latin of the honours won at Rorke's Drift, Zululand.

NOTES AND REMARKS ON A CASE OF EPILEPTIFORM SEIZURES.

BY A. TURNBULL SMITH, M.B. & C.M. GLAS.

SINCE recent observation and investigation have shown epilepsy to be a disease manifesting itself in many various forms, the recording of cases illustrative of its varieties appears to me the only method of arriving at a correct appreciation of this protean disorder. In such a spirit I invite attention to the following notes of a case which has been under my observation, more or less closely, for a period of three years. The notes I have arranged in the order in which I made them at the time.

Towards the end of April, 1876, on my arrival home from country visits, I was informed "the night watchman, Robert H——, had taken a shock," and my attendance was desired. On visiting him I found he had received attention at the hands of my principal (Dr. Ewing, of Lanark) who also had been summoned. The patient was conscious, but could tell me nothing of his illness. His pulse was full and slow, respiration quiet with occasional sighing, surface of body cold and covered with clammy sweat. He could speak quite distinctly, and answer questions intelligently, though with apparent effort. The idea of "apoplexy" having possession of me, I was surprised at the absence of appearances of hemiplegia. Expression of face was unchanged, tongue protruded in a straight line, and power over muscles perfectly normal. Inquiring into the history of the case, I learned from his wife that the present was the third attack of the same nature he had had, the attacks having happened at intervals of exactly four weeks. Previous to the first attack she considered him in good health for a man of his years (seventy-three); "he made no complaint, ate and slept well"; also during the intervals, after he had recovered from the immediate effects of the paroxysm, he appeared in fair health. With reference to the present attack, she said he came home from his duties about six o'clock A.M. as usual, went to bed, and she supposed slept. After she had been up and engaged with her domestic duties for some time, she was startled by her husband giving vent to a succession of deep snores, followed by a gurgling sound like that of water going down a sink; his breathing seemed to stop, his face and lips became livid, and dark blood welled from his mouth; gradually his breathing returned, coming in gasps, as if he were swallowing the air, then becoming more regular, and accompanied by blowing of the lips and cheeks; the lividity of the face and lips departed, and the flow of blood ceased as respiration was re-established, and shortly afterwards he awakened unconscious of what had taken place. On examination, the heart revealed nothing abnormal; the vessels of the arm were somewhat hard and knotty, but not markedly so; the urine (passed about two hours after the attack) was high-coloured and deposited lithates; I could find no trace of albumen, though I tested repeatedly. He was free of dropsy, excepting a small hydrocele, which did not occasion him much trouble. I may state here that control of the sphincters was maintained perfectly during the paroxysm. In the evening he was so far recovered as to be able to take his post as watchman.

The name I gave the disease at the time was "cerebral congestion"; I prescribed some saline mixture, and advised regulation of diet.

From himself I got the following family history. His age is seventy-three. Has always, till recently, enjoyed good health. Over thirty years ago he had his left arm torn off by machinery, from which accident he made a rapid recovery, and, being incapacitated for his former work, found employment as night-watchman. His father was killed by accident, leaving two of a family, both of whom are alive, one in good health, the other the subject of these remarks. His mother died at the age of sixty-two, after four years' illness, dropsy and paralysis being the prominent symptoms. By a second marriage his mother had four children, three of whom died of consumption; the fourth is alive. One member of this family suddenly fell down paralysed, but re-

covered and lived in good health for a long time, ultimately dying of decline. In the family history of his wife, Mrs. H——, there is nothing of special note, and traces of nervous disorders are markedly absent. Their family consisted of nine children, three of whom are dead; two died of whooping-cough and measles, one at the age of eight months, the other at eighteen months; the third, a boy aged nine years, is stated to have been abused by the schoolmaster, fell, or was struck, on the head, and died in convulsions after eleven days' illness; his eye, it is said, "ran out." Of the six survivors, five are in good health, the other, a young woman, has been insane for the past five years, but at no time has she been the subject of convulsive disorder. Among their grand-children, the only point of note is that one, a girl of about fifteen years, suffered on three separate occasions from severe chorea, but has now recovered.

Nearly six weeks after the before-mentioned attack I was again summoned, and saw R. H—— during a paroxysm. The phenomena described by his wife I in the main corroborated. I also noted the absence of anything like clonic spasm; eyes closed; pupils largely dilated and insensible; dark venous blood trickled from his mouth, which was firmly closed; face and lips livid; veins of neck and head prominent; pulse full and bounding; he was perfectly unconscious, incapable of being roused. The measures I adopted were to place him in a sitting posture, a task by no means easy on account of tonic rigidity of the muscles, and apply cold to the head. From the bounding character of the pulse, as felt in the anterior temporal artery, the general appearance of great congestion, and the thought that the flow of blood from the mouth was Nature's attempt to fulfil an indication, I felt strongly tempted to open a vessel, but refrained. Before long consciousness returned, and he went to sleep. In the afternoon I observed on his neck and shoulders innumerable small ecchymotic spots, which were more closely set on that side on which he had been lying. At night he felt well enough to go out to his duties, but had to be brought home shortly afterwards, on account of a feeling of lightness of the head.

Though I called this a case of cerebral congestion, I was far from being satisfied as to its nature. That there was considerable congestion, turgidity of veins of face and neck &c. plainly showed; but this congestion could be explained by the arrest of breathing, and was, as his wife indicated and I observed on another occasion, posterior in point of time to the interference with respiration.

Thus led to look into authorities on the subject, I found in Trousseau's Clinical Medicine, vol. i. (Sydenham Society's translation) similar cases delineated, and their nature explained. I refer to the second lecture in that volume, where are narrated cases almost parallel with the one under consideration, and their relation to epilepsy very clearly shown. Acting on the idea thus gained, I prescribed a mixture containing thirty grains of bromide of potassium, five grains of the iodide, and twenty grains of the bicarbonate, to be taken twice daily. I also made further inquiries bearing on this view of the case, but could elicit nothing of any import. As the attacks had always come on during sleep, he was unconscious of any sensation that might constitute an aura, though he mentioned that he was troubled with fetid eructations for some time before a paroxysm; he also mentioned, however, that he had observed these offensive eructations without an attack supervening.

After being placed on the said potassium salts he continued well for twelve weeks, when I, fearing a long continuance of the bromide might come to impair his mental powers, advised him to discontinue it for a time, which, with some show of reluctance, he did, and before many days had elapsed was seized with a very violent fit, which I was fortunate in witnessing from beginning to end, and observed it to correspond to details already given. Repeating the administration of the bromide, for sixteen weeks he remained free of paroxysm, when he had a slight though unmistakable attack of "petit mal"—transient vertigo and loss of memory, consciousness being retained. He continued under my immediate observation till October, 1877, and during that time he had no attacks. Afterwards I saw him but occasionally, and have heard of only one attack, which occurred seven months ago; he has had none since. He is now seventy-six years of age, stout in body, and enjoying good health. I may here mention at no time has he exhibited symptoms resembling those of a genuine epileptic seizure, "haut mal."

In reviewing this case many points offer for comment, and a few of these I shall notice as briefly as possible.

In the family history distinct traces of a tendency to neurotic affections appear, yet none of them point clearly to epilepsy. However, that is of small account, since it has been clearly shown hereditary neuroses frequently find varying expression in the same family, so the epileptiform seizures in R. H—— may be an exhibition of the same neurotic dyscrasia that found expression in his mother as paralysis, his daughter as insanity, and his grand-daughter as chorea. In regard to the symptoms, while they do not correspond to our generally received notions of epilepsy, which are based upon the more easily recognisable "haut mal," yet they accord with a general definition of that disease in so far as they consisted in manifestations obviously neurotic in character, more or less transient in duration, accompanied by loss of consciousness, and succeeded by a period of stupor and general cerebral disorder. However, to a certain extent, they do correspond to the phenomena presented by what is commonly known as an epileptic fit, which, as all are aware, is divisible into two stages—first, that of tonic, and, second, that of clonic spasm. In this case the paroxysm seemed not to get beyond the first stage; the muscles were thrown into a state of tonic spasm, on which account respiration was arrested; congestion of the vessels of the head and neck ensued, and dark blood flowed from the mouth, not on account of the tongue being bitten, as is the usual explanation of the appearance of blood at the mouth in epilepsy, but on account of the congestion spoken of. To the subject of aura little importance can be attached, since many seizures, indisputably epileptic, are unpreceded by any warning sensation. However, noticing in this place the fetid eructations, though not claiming their recognition as aurae, I have somewhere observed gastric disturbance, such as might be evinced by fetid eructations, blamed or credited with the production of such phenomena as might be produced by cerebral congestion. Such a cause having such an effect we can explain only through the medium of reflex action, and the same explanation might safely be extended to the majority of such cases, even the most decidedly epileptic, only in that case we would have to confess to our ignorance of the starting point of the reflex action.

Now let me notice the condition of the circulation in regard to the bleeding from the mouth and the ecchymotic spots on the face and neck. The congestion, proceeding, as we have said, from the interference with the respiration, can readily be supposed sufficient in intensity to cause rupture of some of the delicate capillaries of the posterior nares as well as those of the cutaneous tissue, especially when we consider the coats of the vessels had doubtless suffered the pathological alterations incidental to old age. Further, though I did not examine the blood analytically, it appears to me probable that that fluid had undergone degenerative changes in the way of lessened plasticity, and may thus have exuded even through unruptured vessels; further is it too much to suppose that, this altered state of the blood occurring in a stout, short-necked person, as this patient is, whose respiration from these circumstances must always be at a disadvantage, the encephalon, which in such a condition of things must needs be the chief organ to suffer, should be continually in such a state of irritability as on the slightest provocation—e. g., gastric disturbance or similar—to direct its energy into abnormal channels?

As the final point, let me notice the *rationale* of the treatment. That it had the desired effect no one will be disposed to deny; the question before us is the *modus operandi*—the therapeutics of the case from the pathological points of view I have indicated. Supposing the seizures to be simply epileptic in their nature, and therefore meanwhile inexplicable, the bromide, acting as a nerve-sedative, and almost specific in epilepsy, must be credited with the principal share in the good result; or supposing the paroxysms reflex, starting from a deranged digestive apparatus, the bicarbonate and infusion of quassia, in which medium the salts were administered, may have had the effect of correcting the vitiated secretions, and so cutting off the attacks at their very origin, while here again the bromide would act by lowering the reflex activity of the nerve-centres; or, looking upon an altered state of the blood as being the probable cause, the potassium salts generally are the great alterstives of that fluid, so that all of them may have had a share in producing the happy result, though none of them may be looked upon as the one essential.

Glasgow.

AURAL NOTES.

BY A. GARDINER-BROWN, F.R.C.S. EDIN.,
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II.—ON THE REMOVAL OF FOREIGN BODIES FROM THE EXTERNAL AND MIDDLE EAR BY THE HAMULAR METHOD.

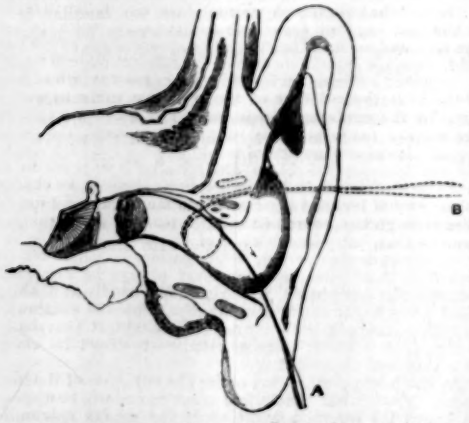
SOME years ago[1] I called attention to a simple and effective way of extracting foreign bodies from the ear after syringing has failed to do so. The plan recommended was to take a rather large and broad curved needle, and to rub the pointed end over a hard metal surface (as the flat of a knife) so as to burr it over towards the concavity of the needle. A fine yet highly resisting hook is in this way produced, affording a means of powerful traction on the foreign body when the needle is passed between it and the wall of the meatus. This extemporaneous plan has now been improved upon. I have had an instrument made which resembles an ordinary nævus needle, with a properly formed hook at the end, as seen in side view in Fig. 1.

FIG. 1.

The elliptical shape of the osseous meatus in transverse section, as well as the slightly spiral direction of its axis, render it almost impossible for any foreign body to fit it tightly at every part of its line of contact—although, owing to the swelling so frequently present, it may appear to do so. In using the needle advantage is taken of this fact.

In the section shown in Fig. 2 the point of least contact is

FIG. 2.



supposed to be above—the most usual place, and the extraneous substance of a rounded form.

The needle having been passed just over the foreign material, with its flat surface against the *superior wall* of the meatus (position A), the substance is brought away as the needle is drawn upon, its handle elevated, and its curve more or less flattened by pressure against the *upper wall* (position B).

If the contour of the foreign body is found to be cylindrical or elongated, its length corresponding with the long axis of the meatus, the needle may be safely pushed along it till a hold is gained.

In using strong traction or leverage, care must be taken not to allow the instrument to recoil against the opposite wall, as the foreign body sometimes makes a sudden start outwards. This is best guarded against by supporting it with the tip of the little finger of the left hand, the end of a round wooden pencil, or some similar means, the handle of the instrument being lowered immediately a movement is felt.

Close proximity of the foreign body to the membrana tympani does not contra-indicate the use of this needle, providing the operator is careful not to advance the point more than is necessary.

When the foreign body is found to be in the tympanic cavity very great care should be taken when employing the needle on the upper aspect of the former, especially if it presses on the ossiculæ.

In cases where great force is required, a second needle will sometimes be found of great service. When the foreign body is in the middle ear, and quite out of sight, it is best to have another needle at hand with the burr or hook on the reverse or convex side. Such cases, however, must always be treated according to the special conditions present.

I have applied the term *Hamular* method as an appropriate and distinctive designation of this mode of extraction.

The maker ought to be reminded that only good and well-tempered steel should be employed, otherwise the instrument will not possess the requisite resiliency.

It may be well to mention that up to the present time anæsthetics have not been required for the use of this needle, and, further, that it has always proved successful, and is but seldom painful.

[1] Medical Times and Gazette, 1868

A CASE OF

ACUTE PEMPHIGUS OF THE HANDS,

CAUSED BY THE ADMINISTRATION OF DONOVAN'S AND FOWLER'S SOLUTION.

BY JAMES STARTIN, M.R.C.S.

THIS seemed to be one of those cases in which the skin evinces its aptitude to vesicular inflammation, when irritated by internal or external agents, through the vaso-motor system, and the case under consideration may be held to be a very marked exemplification of this fact or cutaneous law. The case also may be looked upon with interest inasmuch as arsenic in one or other of its forms is often prescribed in this affection.

S. D——, a chemist, aged thirty-two, a short, phlegmatic man, states he had syphilis thirteen years ago. Father died with rheumatic gout; mother died of consumption. He himself had rheumatic pains about him some few years ago, which were generally relieved by means of the Turkish bath. He came to me under the following circumstances. He was suffering most severely with both his hands, which were hot, swollen, and tender. He had considerable constitutional disturbance; pulse 100; temperature 101·2°; and eruption of vesicles and bullæ on the dorsal and palmar surfaces of both hands and fingers. Previous to this eruption the patient says he had for some time a slight scaly eruption on his hands and face, for which he had been taking three-grain doses of iodide of potassium and sarsaparilla twice and three times a day; this he left off, as it did not seem to effect any benefit. He was then advised to take five minims of Fowler's solution three times a day, which he did for three months, when he began to feel very uncomfortable; his eyes became sore, and the eruption, if anything, worse. He was then recommended to take Donovan's solution, which he did, beginning with five minims three times a day, gradually increasing the dose, and on the third day after he commenced it he came to me saying that, twenty-four hours after he began to take it, his hands became very hot and tender, with much perspiration. Then there appeared a single vesicle, on the surface of the ring finger, followed by others in rapid succession; and when I saw him both palmar and dorsal surfaces of the hands were swollen and tender, twice their natural size, presenting numerous crops of vesicles and blebs lying deep in the cuticle; some, having reached a certain size, remained separate, or they coalesced with others; in some the skin was broken, discharging a serous or sero-purulent fluid, which, on examination, was alkaline, coagulated by heat, and became nearly solid with addition of nitric acid. Microscopical examination showed pus and epidermic cells. The skin that was broken and left from the destroyed vesicles and blebs was of brownish-black

appearance, and collected the rugæ about the base of the fingers.

The eruption was attended with considerable itching and much perspiration—a feature I have noticed before in these cases of local pemphigus due to some internal irritation. Of one or two cases especially I have notes before me. The first was the case of a child who, I found, was suffering from the internal irritation of a large round worm, which she passed after suitable treatment, and the pemphigus eruption which she had on the arms and legs soon disappeared. Another case was that of a young woman I saw in the out-patient skin department of St. Thomas's Hospital, who had a fibroid tumour of the uterus, after removal of which, the pemphigus she suffered on her arms, on treatment, soon left her.

I advised the patient to discontinue taking the Donovan's and Fowler's solutions at once, and prescribed him a mixture of sulphate of magnesia, carbonate of magnesia, and dilute sulphuric acid; with the application of a solution of oxide of zinc, calamine, and acetate of lead, two drachms of each to six ounces of water. Under this treatment he rapidly improved, and the eruption left him. This case had been severally diagnosed as itch, grocer's itch, syphilis, and various other diseases.

Sackville-street.

CASE OF FATAL FUNGUS POISONING—BY AGARICUS (AMANITA) PHALLOIDES.

BY CHAS. B. PLOWRIGHT, M.R.C.S.,
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R. H——, a boy aged twelve years, at 11.30 A.M., on Sept. 27th, 1879, ate a portion of the pileus of an uncooked specimen of Agaricus phalloides, which he had gathered beside a wood in mistake for the common mushroom (Agaricus campestris). He walked home, a distance of three miles, and spent the evening with some friends. At 1 A.M. on the morning of the 28th he awoke complaining of great thirst, which was speedily followed by vomiting and purging, for the relief of which some citrate of magnesia was given him. These symptoms continued until about 8 A.M., when, feeling better, he took some biscuit soaked in milk. About noon he vomited again, for which a dose of citrate of magnesia was administered. The vomiting and purging continued until 6 P.M., when for the first time his friends learned that he had eaten some of the fungus. An ounce of castor oil was given him in two doses.

Sept. 29th.—Expressed himself as feeling better. Got up for two hours to have his tea.

30th.—At 7 A.M. he awoke the household complaining of severe abdominal pain. Dr. Chas. Glasier, who had charge of my practice at the time, was summoned to him. He found the boy in bed, in a high state of fever, complaining of excessive thirst and acute pain over the abdominal region. There was very great palpitation of the heart, vomiting, purging, and remarkable exhaustion. A mixture containing morphia, spirit of chloroform, and compound tincture of cardamoms was ordered every three hours, with small doses of whisky at frequent intervals.—7 P.M.: All the symptoms ameliorated, except the exhaustion.

31st.—Patient had a comfortable night, but became worse about 7 A.M. Was slightly convulsed, and died in half an hour.

A necropsy was made thirty-six hours after death by Dr. Glasier and Mr. A. G. Blomfield, house-surgeon of the West Norfolk and Lynn Hospital. Post-mortem rigidity well-marked. Body well-nourished. Face somewhat cyanotic; dark-brown fluid issuing from mouth and nostrils. Upon opening the abdomen distinct marks of recent peritonitis were seen in the shape of delicate bands of lymph, gluing together loops of the small intestine. Small intestines distended with gas; large intestines empty. On opening the stomach it was found to contain a small quantity of dark offensive fluid; the mucous membrane was intensely inflamed. The organ itself was much softened, so that it readily broke down under the finger. The whole of the small intestines was intensely inflamed, with here and there gangrenous spots upon the mucous membrane. The liver was anæmic. Heart empty. Lungs perfectly healthy. Brain not examined.

Remarks.—Agaricus phalloides is a well-known poisonous fungus, not uncommon in woods during the autumn. It is an Amanita, of a whitish colour, closely allied to Agaricus muscarius. It is seldom in a case of fungus-poisoning that the species is recognised; usually the whole of the fungus has been cooked and eaten, or else it has been thrown away in disgust. In this instance I was shown the place where the fungus grew, where abundant specimens remained, which were instantly recognised by an intelligent lad who was with the deceased at the time of the accident.

The fact that the fungus was eaten raw—a somewhat unusual circumstance—is worthy of note, as it is well known to mycologists that many species, which are unwholesome when fresh, are constantly eaten with impunity when cooked. This species, moreover, when raw has no acrid or unpleasant flavour in the mouth; on the contrary, it possesses a rather agreeable taste, not altogether unlike the common mushroom, although more insipid. Yet, in this case, it acted as an almost pure irritant poison, of sufficient virulence to produce peritonitis and death on the fourth day. The quantity taken, as far as I can make out, was about one-third of a medium-sized pileus, about half an ounce in weight. Although this was eaten when the stomach was empty, no symptoms were produced before the lapse of twelve hours and a half.

The medico-legal aspect of the case is highly important from the potency of the poison, combined with an entire absence of taste; and the great difficulty, not to say improbability, of recognising its presence by any chemical process at present at our command.

King's Lynn.

THE THERMOMETER AS AN AID TO THE PROGNOSIS OF COMA.

BY HENRY J. FORSTER, L.R.C.S.I., &c.

THE difficulties which so often beset the prognosis of coma, from whatever cause arising, are too familiar to every medical man to need any special excuse for introducing the following remarks to my professional brethren.

On a surgeon being summoned to a patient who is comatose there present themselves two great difficulties—namely, the diagnosis and prognosis. The first, however, may be frequently elucidated by some one of the relatives or bystanders who perchance has been a witness of the exciting cause, whether it has arisen from cerebral injury, alcoholic or other poisoning. The information gained from either of these parties, combined with the medical attendant's skill and acumen, will more frequently than otherwise unravel the knotty point.

I was requested one evening in September, 1878, to visit a patient who had been found insensible close to his waggon and horses which he had been driving, and whom the messenger told me some people had carried home. On arriving at the house within half an hour after the occurrence, I found the man totally unconscious, but with no concomitant symptoms of apoplexy. I asked those present whether he was considered at the time to have been under the influence of drink, as I had known him to be anything but a teetotaler, and some of them said they thought so, for he had been seen drinking in several public-houses the same day. Now arose the question in my mind whether he was suffering from alcoholic poisoning or some cerebral lesion. External evidence pointed to the former, and subjective symptoms did not help to clear up the mystery. I gave directions as to the treatment and posture of the patient, and was about to take my leave, when, from what I had seen in Charcot's lectures about thermometric results in apoplexy, I thought I would test the value of his observations. On taking the temperature, which I found was 93·2°, with an accompanying pulse of 51, I formed the diagnosis of incipient extravasation, and a correspondingly grave prognosis as to the patient's perfect recovery. This I now gave as my opinion to his relatives before leaving the house. When, after thirty hours, consciousness returned, and I found him completely hemiplegic, I felt convinced

had it not been for the assistance rendered by the thermometer, I should have been utterly nonplussed in forming any reliable opinion of the case.

In conclusion, after comparing the notes of five other cases in which I have carefully recorded both temperature and pulse, I cannot but agree with Dr. MacEwen when he says in brain-lesions the temperature is far below normal; and in my opinion (though I do not for a moment wish to question such an authority as Dr. Richardson), given a case of sudden insensibility, *pure et simple*, in proportion as the temperature is below normal so much the more is the probability of cerebral destruction evident, and in inverse ratio is the chance of the patient's recovery.

Deeping St. James.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tam proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

DISLOCATION OF THE UPPER END OF THE RADIUS BACKWARDS.

(Under the care of Mr. RIVINGTON.)

ALBERT P——, aged fourteen years, a factory boy, applied at the receiving-room on Oct. 21st. He stated that whilst running he had fallen on his right arm, which was twisted (pronated) at the time, and that the back of the hand and elbow came in contact with the ground. He positively affirmed that prior to the accident there was nothing the matter with his elbow.

On examination a marked prominence was seen at the back of the joint below the external condyle and by the side of the olecranon process, evidently consisting of the displaced head of the radius. Flexion and extension were almost unimpaired; pronation and supination could be performed by the surgeon, but not to the full extent; supination especially was diminished, and the patient could not effect it himself to the same extent as the manipulator; there was no crepitus or other evidence of fracture, the head of the radius rolling freely under the finger during examination; there was a bruise over the head. A persevering attempt to reduce the bone was made under chloroform by Mr. Clark, the house-surgeon, without result. The patient was taken into the house, and later in the day was taken up to the theatre for Mr. Rivington to examine. As the lad adhered to his statement that the displacement had not existed before the accident, chloroform was again administered and extension made in various positions, with pronation, supination, and pressure on the head of the bone, for about ten minutes, but in vain. He was sent to bed, and evaporating lotion was applied. No swelling or increase of heat followed, and on the following Monday he was again examined under chloroform, being seen also by Mr. Hutchinson and Mr. Tay, who noticing some thickening in front of the head, suggested that perhaps a portion of the articular end of the humerus had been detached and prevented reduction. The following day the mother of the boy was interrogated, and it then transpired, as had been suspected, that the displacement was not recent, having occurred at least five months previously in a scuffle which the lad had had with an enraged landlady, during which he was violently shaken by the forearms, and fell striking his right elbow against the leg of a table. He told his mother his arm was broken, and after the subsidence of the ensuing swelling, the lump at the back of the arm was noticed, and it had been there ever since.

Remarks by Mr. RIVINGTON.—There are several points of interest in this case, the chief being the amount of mobility of the joint possessed by the patient before leaving the hospital. He could flex the elbow fully, and extend it almost as completely as on the sound side. Although occasionally rotating the humerus when asked to turn his hand over, he could, when the humerus was confined, pronate well, and supinate to rather more than half the natural extent. The positive assurance of the patient that the displacement had not existed previously led me to speculate on the causes of the impossibility of reduction, and it occurred to me that possibly the head of the radius might have slipped out of the orbicular ligament, instead of tearing it away from the margins of the lesser sigmoid cavity, or that the peculiar shape of the head was the obstacle, having slipped perhaps, through a rent in the ligamentous or aponeurotic structures at the back of the elbow-joint, and become fixed more or less, like the head of a stud in a button-hole. The notable absence of swelling and increased heat, and the remarkable mobility, so suggestive of an old injury, led me to make further inquiry and prevented me from bringing the case forward as one of recent injury in which reduction could not be effected. The statements of patients are seldom to be implicitly trusted, possibly those of juveniles should be altogether disregarded without confirmatory testimony. The mother and patient have been advised in case of any future bruise to inform the surgeon that the displacement is an old one, and obviate the possibility of any future attempt at reduction. It would be interesting to learn some years hence whether the mobility remains. In the only two dissections known to me, the head of the radius has contracted fresh connexions. In the specimen in St. George's Hospital Museum the new attachments formed by the ends of the orbicular ligament with the humerus prevented pronation and supination. It is probable that the articular ends of displaced bones are particularly liable to undergo changes similar to those seen in chronic rheumatic arthritis, and fresh bone sometimes forms in their neighbourhood. Hamilton states that Dr. Markhoe believes that this dislocation, which is a rare one, never occurs as an uncomplicated accident. Certainly there was no sufficient evidence of any fracture of either condyle of the humerus or of the articular surface of the humerus in this case, whatever might be the suspicion from the thickening observable. The head of the radius was displaced more directly backwards than is usual according to the descriptions of books, not lying in anywise behind the external condyle, but a little overlapping the articular end of the humerus. It appeared to be placed outside the oblique outer margin of the anconeus muscle.

YORK COUNTY HOSPITAL.

DOUBLE SIMULTANEOUS AMPUTATION OF KNEES; RECOVERY.

(Under the care of Mr. HEWETSON.)

R. H——, a butcher, aged fifty-three, whilst jumping out of a train in motion, fell on to the line, and the wheels of three carriages passed over his legs. He was admitted about a quarter of an hour after the accident, June 7th, in a state of profound collapse. Both legs from a little below the knees were in a state of pulp; from which considerable hæmorrhage had occurred. Bleeding was going on at the time of admission, but was easily controlled by Esmarch's ligatures.

After waiting for about an hour the patient rallied a good deal, and a double simultaneous amputation was decided upon. This was performed under chloroform, Mr. Husband operating on one side, and Mr. Hewetson on the other. Each limb was removed at the knee-joint by means of antero-posterior skin flaps; the femoral condyles were sawn off, the patellæ pared, and brought in contact with the lower ends of femora. This was done without division of the quadriceps tendons. The operation on the right leg was performed antiseptically, that on the left by the open system.

The patient bore the operation well, but about half an hour afterwards, when he had nearly recovered consciousness, his face became livid, his breathing very shallow, and the pulse at the wrist almost imperceptible. Various remedies were tried, among others large doses of ammonia, ether, and alcohol, but all without producing any result. Inhalations of ether were now administered, some half-dozen whiffs being given every few minutes for about three-quarters of an hour with immediate benefit, each inhalation being followed by a disappearance of facial lividity, and by the pulse becoming stronger and countable (120). He had a fair night's sleep after a quarter of a grain of morphia sub-

cutaneously; there was no vomiting or oozing; and in the morning all symptoms of collapse had disappeared, and the patient was fairly comfortable.

On June 9th the left leg was dressed, the wound looking well; and on the 10th both legs were dressed. The edges of the wound dressed antiseptically had apparently healed more than the other. Some sutures were removed from both wounds. From this date until the 18th the left leg was dressed daily with oiled lint. On the night of the 18th the antiseptic dressings were knocked off by the patient. For the future both limbs were dressed with sulphate-of-zinc lotion. The healing process had advanced much more on the antiseptic leg than on the other, but both were progressing slowly. The patella on each side was not in apposition with the end of the femur, being drawn up in front. Endeavours were made to rectify this, which were much more successful on the right than on the left side; indeed, in spite of all attempts to prevent it, the stump of the left leg was becoming conical.

On July 1st the general health was good. The right patella was firmly fixed to the lower end of femur, and the wound was nearly healed. The left patella was one inch within and above the end of femur, the latter protruding between the unhealed flaps; a sinus led from the wound up the thigh several inches to an abscess cavity. Under chloroform the projecting end of femur was sawn off, and the flaps were united over it; the abscess was opened, and a drainage tube inserted. After this the patient made an uninterrupted recovery; and on Aug. 30th, he left the hospital for a convalescent home, with the wounds in both legs well.

The three points of special interest in this case seem to be:—1stly. The success of a stimulus administered through the respiratory system during failure of the heart's action, when such given by the mouth had failed. 2ndly. The drawing up of the patellæ produced by non-division of the quadriceps tendons. 3rdly. Although antisepsis was not continued for a sufficiently long period to be a perfect success, yet the two systems of treatment, Listerism and the open method, had in this case a fair trial, under almost identically the same conditions, and the result was decidedly in favour of the former, the antiseptic leg being well more than a month before the other.

LEICESTER INFIRMARY.

RECURRENT ATTACKS OF SHAKING FITS.

(Under the care of Dr. CRANE.)

F. S——, aged thirty-nine, labourer, married, was admitted on 13th May last. Three of his sisters had died of phthisis, otherwise his family history was good. When a child he had variola and scarlet fever. He also said he had some "abscesses" on his head, and some small pieces of bone came away. Six weeks before admission a violent trembling came in his legs, which lasted two days, and then ceased. He did not feel very well, and the shaking returned in his legs, and also in his arms, and lasted for three days, and then left him. His legs were very weak, but he got much better, and was going to work, when the twitching returned after having left him for seventeen days. Five years before he had had a similar attack, which lasted ten weeks, and then entirely left him.

On admission he was well nourished; he had continual shaking of legs, arms, neck, and body, but especially marked in his limbs—so much so that he was unable to walk without help. It was found that, on pressure over the spine of the twelfth dorsal vertebra, the movement entirely and immediately ceased. If the pressure was moved away, even one inch, from the above-named spot, the tremblings began again immediately.

A pad was fastened on his back over the twelfth dorsal vertebra, and the movement ceased as long as it was applied. His lungs, heart, and liver were all found to be healthy, and his urine was acid, sp. gr. 1025, and contained no albumen or sugar. A mixture containing ten minims of solution of strychnia, fifteen of spirits of chloroform, and ten of dilute nitric acid, was exhibited three times a day.

The pad was continued, and the patient had no movement until May 15th, when he felt his legs drawn up, and the shaking began again, notwithstanding the pad and firm pressure were applied over the former place. The movement continued for about half an hour, when it ceased and he remained quite passive, although the pad was taken off his back.

On May 19th the trembling began again, but ceased on pressure being applied to the back. A pad was again used, which prevented the shaking. On the 22nd there had been no further recurrence of the shaking. Pad taken off.

On June 6th he had a slight attack, which lasted an hour, but was controlled by a pad, and next day the pad was taken off. On the 21st he had continued well since above date; he had not had the slightest shaking. He was made an out-patient.

On July 2nd he was seen in the out-patient department. He had not had the slightest recurrence of the movement. He has had no further attack since.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Analysis of Forty-five cases of Excision of the Hip-joint.—New Method of Excising the Hip-joint.

THE ordinary meeting of this Society was held on the 12th inst., Dr. E. H. Greenhow, F.R.S., President, in the chair. In accordance with a suggestion made at the last meeting, the evening was devoted to a discussion upon the treatment of disease of the hip-joint by excision. Mr. Croft opened the debate by an analysis of forty-five cases, illustrated by the parts removed and by a large number of patients whom he had gathered from all parts. Much praise is due to Mr. Croft for his zeal in thus laying all his facts before the Society. Mr. Parker followed, describing a new method of excision, and, in accordance with the request made to him at the last meeting, describing the condition he had met with of epyphysial necrosis. The debate was a prolonged one, Messrs. Holmes, Hulke, Lister, Baker, Wood, MacCormac, and Howse taking part in it; and at the close the President referred the subject to a special committee for report.

Mr. CROFT commenced his "Analysis of Forty-five Cases of Excision of the Hip-joint" by remarking that his aim was to show that the operation may be made a successful one, and that greater success attends it when performed before abscesses have opened than later. In every case, before operation other means had been tried to arrest the progress of the disease. Ten cases had urgently needed speedy relief; thirty-five had been treated in the hospital for more extended periods, varying from one month to a year, and no case was operated upon until threatening abscess had manifested itself. Forty-five operations had been performed on forty-four patients, one child having both joints excised; eighteen cases were cured; eleven were under treatment or observation; six patients had died from causes referable directly or indirectly to the operation; one child died of diphtheria; nine patients had been relieved by operation, but had died, some at long periods, some at shorter periods of time, from causes not attributable to the operation. Tables giving full details were shown of the eighteen cases cured; twelve were in the adjoining room. In fourteen there were movable joints affording flexion and extension, and nine enjoyed a considerable range of flexion, and could perform adduction and abduction to some extent. Four could stand alone firmly and steadily on the limb which had been operated upon. In each patient the limb was straight, without any permanent flexion on the pelvis. Each child stood erect, without any lordosis of the spine. In many the apparent shortening amounted to 3½ inches; but the femur on the diseased side was longer than was apparent, probably from the preservation of the trochanteric epiphysis and the subperiosteal operation (Sayre's) having been done. Of the eighteen cured cases, twelve were instances of chronic panarthritis, commencing, as he thought, in the synovial membrane; and six were instances of disease commencing in ostitis and ending in necrosis. In six, abscess had been incised and sinus had persisted; but in only two of the eighteen cases were the sinuses chronic in duration. In

three, perforation of the acetabulum had taken place; whilst in the cases recorded in the list of deaths, chronic sinuses had been open in eleven, and perforation of the acetabulum had been found in five. Thirteen patients had been under treatment in the hospital for periods varying from two days to three months, four from three to six months, and one for eleven months, before operation was resorted to. The total number of the dead was sixteen, including four cases in which, with his present experience, he should not think excision to be the best treatment. The deaths were spread over fourteen years. Five deaths occurred from preventable disease—viz., one from diphtheria, three from pyæmia, and one from septicæmia. Six were attributable, directly or indirectly, to the operation—viz., one from septicæmia, three from pyæmia, one after suppuration in the bone following erysipelas (from shock of amputation at the hip ten months after excision), and one from thrombosis and asthenia sixteen days after excision. The causes of death in the nine other cases (not attributable to operation) were—one from tubercular meningitis, seven from tubercular disease with amyloid viscera, and one from tubercular phthisis and disease of other bones than the pelvis. He had followed up these cases in the interest of science, and though it seemed a large proportion of failures to cures, he ventured to think that, with improved diagnosis, by operating in good time, and by improved methods of operation and after-treatment, the proportion of failures will be considerably diminished. After some further remarks, Mr. Croft said that several points might be taken up—e. g. : 1st. The advantages which he claimed for early, or relatively early, operation. 2nd. Formulæ with respect to indications for operative interference. 3rd. The mode of operating with reference to the periosteum, the leaving behind the epiphysis of the great trochanter, the line of section through the femur, free removal of parts, the line of incision through the soft parts, and the employment of antiseptics. 4th. The mode of after-treatment. 5th. The causes of failure in excision of the hip-joint. 6th. The comparison of limbs after excision with limbs of those who get well without operation. 7th. The time taken to get well by those not operated on compared with that taken by those successfully excised. As to the indications (No. 2) for operation, he said that when there was fluid in and about the joint and starting pains, an antiseptic incision should be made, to be followed by excision if pus associated with panarthritis (strumous disease) be present or if necrosis existed. The causes of failure (No. 5) were attributable to too late postponement of operation, not removing enough of the diseased parts, not allowing free exit for discharge, and not operating antiseptically. Excision of the hip was less successful than that of the knee because the disease (e.g. of acetabulum) could not be so thoroughly eradicated. Lastly, he advocated early operation (No. 1) because—(1) in cases of tubercular disease early complete excision affords the best prospect of cure; (2) immediate relief from pain of tension and spasmodic starting pains; (3) that it is made before muscles are much atrophied or altered by inflammatory products; (4) it shortens the duration of suffering and illness; (5) it enables the child to go about earlier than it could if left without interventive treatment; (6) it enables the surgeon to procure a painless, movable joint at the hips; (7) the shortening is only a trifle more than it is in the most favourable cases of anchylosis after destructive strumous disease of the joint.

Mr. R. W. PARKER read a paper on a "New Method of Excising the Hip-joint, together with some general remarks on the pathology and treatment of the disease." Mary Y——, aged eight years, admitted into the East London Children's Hospital in March, 1879. For two or three weeks previously she complained of acute pain in the knee and right leg generally, and was kept in bed; she had been feverish and lost appetite. On admission the upper part of the thigh and region of the hip were found much swollen and very painful. There was no appreciable fluctuation; the soft parts in the groin were slightly œdematous. No enlargement of glands. Passive movements caused considerable pain. An extension with weight was ordered. About a fortnight after her admission the following note of her condition was made after being examined under chloroform:—"Hip moves freely; no deep fluctuation detected; there is no grating in the joint. Knee-joint is much swollen. Temperature is high and variable." A low typhoid condition supervened, and for a time she was very ill. At the end of another month she had materially improved in her health, but her local trouble, on the other hand, continued to progress. An abscess now formed in the upper part of the thigh, which had to be opened. Eleven weeks after her admission she was again chloroformed, in order the better to examine the joint. Grating was found, and there was a free discharge of pus from the wound. An incision was made from the anterior superior spine of the ilium downwards, along the anterior border of the great trochanter, cutting between the sartorius and rectus muscles on the inner side, and the tensor and glutei on the outer side. The diseased bone was sawn off *in situ*, and then extracted with sequestrum forceps. While examining the acetabulum a portion of the epiphysis of the femur was found loose and necrosed. The child made a slow recovery. She can now get about, but there are still some open sinuses. Notes of some other cases of epiphysial necrosis were summarised. The clinical features common to all, or the majority, were—progressive disease in spite of perfect rest in the recumbent position, with extension applied for an average period of three months; comparatively short duration of antecedent symptoms; the early formation of abscesses; young age of the patients. The pathological features were in all cases extensive caries of neck of femur, epiphysial necrosis, destruction of capsule, free suppuration. The above case was selected because it illustrated three points on which the author would like to offer some observations—(1) As to the modes of operating generally in use; (2) as to the frequency and significance of epiphysial necrosis; and (3) as to the results of the disease with and without operation. This new method of operation was proposed because it avoided the necessity of cutting across the large muscles attached to the great trochanter, which must necessarily be divided in order to expose the joints from behind. He advocated also the use of a keyhole saw in order to avoid injury to the periosteum and other structures, which forcibly wrenching out the head of the bone would probably occasion. And without laying too much stress on the mode of incision, it was desirable that this question should be introduced, as the final results of the operation were yet far from satisfactory. He had found epiphysial necrosis in five out of eight cases. It was not until Mr. Hulke referred to it at a former meeting of the Society that he was aware that the condition was considered unusual. He believed, however, that it would be more frequently found if the operation were done in an earlier stage, for if caries of the neck of the femur were the common pathological condition of "hip disease," then this separation ought frequently to occur in consequence of the altered nutrition of the epiphysis. It was all very well to say that hip disease could be cured by rest and sea air. The disease unfortunately occurred among those who could not have these advantages, and hence it assumed very unfavourable conditions. Neither did hospital treatment always avail, as his own cases showed. Hence the importance of deciding on the best operative treatment. He believed that the unsatisfactory results of incision were largely due to delay in carrying them out, for secondary diseases were induced, which quite precluded a satisfactory result. He thought that an exploratory incision should be made into joints, when the disease continued to progress in spite of treatment during three months, and if signs of destruction of the joint occurred before this. The question of excision could then be decided upon.

Mr. HOLMES said that he was much interested in this operation, and formerly had often performed it. He had not recently collected his cases, but a few years ago he had published his results in the work referred to by Mr. Croft. It was self-evident that the results of excision depend entirely upon the indications selected for operation, and these indications must vary with the circumstances of each case. Excisions were less common in private practice, where more care was taken in the treatment of these cases from their commencement, and for this our hospital system was inadequate. Cases go from hospital to hospital, continuous rest is not obtained, and eventually they come to excision. He could not agree that the best treatment for abscesses in the neighbourhood of joints was to lay them open antiseptically. The indications were the other way, excision being deferred until actual evidence of destruction of cartilage was obtained. The result of the operation is in itself inferior to the result of natural cure. It is true that in the latter case there is much shortening, but the limb is stronger and more serviceable. He had never seen a patient who could *stand* on the leg after excision of the hip; for, as

a general rule, there was undue mobility, and therefore instability—due, as could be seen on dissection, to lengthening and laxity of the ligaments. But patients with anchylosis after natural cure had strong and serviceable limbs, although they might be ungainly in their movements. But there were cases in which excision was called for to preserve life and health, and the efforts of surgeons should be to seek indications to discriminate these cases. It was necessary in such cases as one he had seen Mr. Pick deal with the other day, where there was acetabular disease; and in those which Mr. Parker had cited, where the epiphysis formed a sequestrum; or where a limited amount of disease existed in the neck of the femur which could not be got rid of without excision. There were those cases too, to which Mr. Parker had alluded, which went from bad to worse, in spite of treatment. He allowed that he used to think excision justified in cases where abscesses had formed and the joint was carious, but he now thought that some of these had a chance of cure if free drainage were encouraged. The rate of mortality should not influence the question; for obviously if the cases were only operated on in a very advanced stage the mortality would be high, and every recovery in such circumstances a clear gain. If the operation were done early, the deaths would be fewer, but the gain less. He congratulated Mr. Croft on his success, but took a little exception to the freedom of his measures. Excision of the hip would never be so successful as that of the knee, owing to the difficulty of removing all the disease—e.g., of the acetabulum. He had no experience of antiseptics in this operation, but his results had been much the same as those of Mr. Croft—namely, about one-third died, one-third were cured, and one-third remained in a doubtful condition.

Mr. HULKE said they were indebted to Mr. Croft for his comprehensive analysis, viewing, as he had, the cases from so many sides. At the close of the last meeting they had been under the impression that the rate of mortality in Mr. Croft's cases, in consequence of the operation, had been as high as one-third of all the cases; and his own (Mr. Hulke's) experience, although much more limited, was so different that he ventured to express surprise at the figures. Mr. Croft had, however, now clearly shown that in many of these cases the deaths were not due to the operation itself. In his own hospital practice (for, like Mr. Holmes, he had never had occasion to perform excision in private practice) he found that out of 313 cases of diseased joints in the last ten years there were 86 examples of hip-joint disease, about 6 of which perhaps were not strictly "morbus coxæ." In these 80 cases he had performed excision 16 times—i.e., 1 in 5; and in only one case could death be fairly attributed to the operation, a proportion probably similar to most others. As to the indications for operating, he agreed with Mr. Holmes. For even in some of the cases shown by Mr. Croft he doubted whether incision had always been called for. For instance, there was one case which had been operated on after a month's illness, and no evidence of a previously open abscess existed. A more valuable indication than the local evidence was the manner in which the disease was telling on the general constitution. If, in an advanced stage of local disease, the patient be yet in fair health, excision was called for; but if he were losing ground in the earlier stages he would leave him alone. As to the methods, he preferred the external incision, as affording a dependent opening for free drainage; and he always washed out the cavity with chloride of zinc, according to the plan introduced by the late Campbell De Morgan. He claimed to be antiseptic in his practice, always endeavouring to prevent putrefaction; but if by "antiseptics" Mr. Croft meant Listerism, he had never adopted that. Mr. Hulke concluded by drawing attention to a form of splint which he used in these the cases. It was applied to the other side, and allowed joint operated on to be freely exposed.

Professor LISTER was much pleased to hear Mr. Hulke's remarks upon the use of chloride of zinc. Ever since Mr. De Morgan had drawn attention to it he had himself employed it, for it has the remarkable property of preventing putrefaction for two or more days in spite of the presence of septic elements. Wherever, then, putrefaction is already present this salt was of great benefit, and he was sure that he had seen cases which would have died had it not been used. He could understand Mr. Hulke's results since he used that combined with free drainage. He had never seen a case in which amputation of the hip was called for in preference to excision. Since seeing Professor Sayre illustrate his method at the Philadelphia Congress he had followed that plan, which involved only a limited incision, did not require the ligature of any vessel, and gave free access to the joint, whilst the subperiosteal section was of great advantage. The importance of a freely dependent opening was in favour of the posterior incision rather than the ingenious plan introduced by Mr. Parker. The last case he had operated on was in a young lady twenty-five years of age, the subject of hip disease from early childhood. The limb was flexed, and riddled with profusely discharging sinuses. He excised after Sayre's method, broke through the anchylosis, and found the acetabulum to be perforated. All the diseased bone being cleared away, chloride of zinc was applied, and now, three weeks after, there was far less discharge than at any time before the operation. That was an instance of excision in private practice, and it would have been wrong to have refused the patient the benefit of it. He could not concur in the view taken by Mr. Holmes as to the treatment of abscesses in the hip, where the skin is unbroken. When assured that the abscess communicates with the joint we are bound to open that abscess, using such measures as we can to prevent putrefaction. At this point of surgical history it was not enough to treat such abscesses by "free incisions and washing out." To his mind it would be monstrous and horrible to open such abscesses without antiseptic precautions. He could never forget the feeling he experienced in the first case he so dealt with from a knowledge that the results would be different from those with which hitherto all had been so familiar. He would mention three cases he had had at King's College Hospital of abscesses connected with the hip in adults. If treated by simple incision, frequent washing out, and free drainage, the result might have been different from what it was. One was a young woman in whom the inflammation was attributable to sleeping in a damp bed; the second was a man in whom it had followed acute rheumatism; and the third was in an old woman, also rheumatic in origin. In each case the abscess was opened and treated antiseptically; no fever followed, and no shortening of the limb. No one could imagine the satisfaction at such issues; for had these cases been treated in the ordinary way, probably all three patients would have died. In strumous cases—where shortening exists, with or without perceptible grating—he should open the abscesses antiseptically, and often more useful limbs are thus preserved than by excision; and even in advanced cases, for it was surprising what may be done by repair. In one case he had at Edinburgh, treated on this plan, he removed much carious substance, and the case went on so well that he thought it would not come to excision. No pus was formed, and the patient was almost well, only a small sinus oozing serum remaining when the antiseptic dressings were given up. Suppuration followed, and excision had to be resorted to. He therefore urged strongly that if they wished to do full justice to their patients they ought to use antiseptic measures when the skin was unbroken. There should be no difference in their practice of hospital patients and private cases. If hospital cases were to be deprived of all the benefits they could bring to them, then hospital accommodation was shamefully and disgracefully inadequate.

Mr. MORRANT BAKER had performed excision of the hip in 24 cases at St. Bartholomew's and the Evelina Hospitals, two of which only had died from any cause attributable to the operation. There was no reason why this operation should be followed by exceptional mortality, when done with sufficient care. It was unnecessary to push the head of the bone out of the wound before sawing it off; there was comparatively no shock, and he did not think the risks greater than those in the removal of a sequestrum from the tibia. His practice was always to cut through the neck of the femur and leave the trochanter. It was not necessary to remove all the diseased bone; were this done, the whole shaft might sometimes require removal. Removal of the trochanter left a weaker limb. A perfect result was not always obtainable. Many of the subjects of morbus coxæ were tuberculous or the victims of amyloid disease, and all the operation could do was to improve their condition and prolong life. He concurred with Messrs. Holmes and Hulke that very much depended on the selection of fit cases; and no definite signs or general rules could be laid down for this. They must depend on their individual judgment and experience, and unless this was done cases might be operated on early which would have got well if left alone. In his experience it was not rare to find the head of the bone, detached as a sequestrum, loose in the acetabular cavity; in eleven out of twenty-four instances this had been

the case, and that was a strong reason for performing excision in such cases; for were it not done the dead bone would become locked up in the cavity and be a constant source of irritation. He had brought one of his cases—a boy—in whom the head of the bone was thus detached, and in this case he also removed a part of the acetabular margin, which was also quite loose. Amyloid disease was not, in every case, a bar to operation. A lad of fourteen, in St. Bartholomew's Hospital last year, gradually developed amyloid disease; his liver enlarged and albuminuria appeared. Excision was performed, and from that time the signs of amyloid disease had steadily diminished. Had not excision been practised he doubted if the boy would now be alive. Of course if it were proved that cases did as well without interference he would cease to excise. But knowing as he did how many of these cases, if not interfered with, went on from bad to worse, how amyloid disease developed, and it was obvious that death would be the only termination—he could not hesitate performing an operation which was frequently merely a matter of the removal of dead bone. They were much indebted to Mr. Croft for raising the question, and he believed that the result would be an earlier resort to excision than now prevailed.

Mr. J. WOOD had performed excision of the hip in all classes of cases, some where there were no open abscesses, some where amyloid disease was present; and he had come to the conclusion that the operation was one which had been abused. For there were cases which could be treated by extension, &c., and such should not be operated on. The tendency of modern surgery seemed to be rather meddlesome. He believed that if cases were seen early enough and treated scientifically there would be less need for excision. It was significant how rarely excision was necessary in the upper and middle classes, showing that neglect of treatment by rest among the poorer classes was a prime reason for the cases becoming so severe as to demand excision. Excision of the hip was not a formidable operation, and he had frequently witnessed the remarkable fall in temperature and improvement that followed its performance. His method was similar to that mentioned by Mr. Baker; and in children he dissected off the cap of cartilage from the trochanter. Attention to drainage was of prime importance. In one case, where a large unopened abscess extended half way down the thigh and in a very emaciated subject, he had opened the abscess (not antiseptically), injected chloride of zinc, and practised free drainage. When the abscess cavity had contracted, he performed an exploratory operation (the case was one where the acetabular cavity had travelled upwards), and, finding the head of the bone to be bare, he excised this, as well as a portion of necrosed acetabulum. He had removed considerable portions of pelvic bones with security. As to the time for operative interference, he agreed with Mr. Baker that no one symptom alone should be relied on. But when, on exploration, dead bone is felt, this should be removed. This could generally be done by opening up the sinus in the interior of the thigh, and reaching the joint beneath the tensor vaginæ muscle, and detaching the muscles attached to the trochanter. He agreed as to the impropriety of forcibly pushing the head of the bone through the wound. By the use of a special saw the neck could be divided above the small trochanter, and removal effected after having previously dissected off the periosteum from the great trochanter of an adult, or detaching the cartilage of a child. He would operate in these cases, but not in those where nature was sufficient to effect a cure. He perfectly agreed with Mr. Lister as to giving poor and rich alike all the advantages derived from improved skill, and although his practice had been successful, yet if an iota of advantage were to be gained by using Listerian precautions, he would always adopt them.

Mr. MACCORMAC pointed out that the subject involved the two questions—(1) as a saving of life, (2) as preserving a useful limb. The mortality in Mr. Croft's cases was not large, seeing the condition and stage at which some of the patients were operated on. He had himself had eighteen cases, with two deaths; and doubtless had he traced their subsequent history as diligently as Mr. Croft had done, he would have found that many had died at later periods. The fact that many of these cases began in inflammation, leading to necrosis, was a strong reason for early operation. Further, there was good reason to believe that a large proportion were of tubercular nature. Koenig, of Göttingen, found tubercular disease of the bone to exist in sixty-seven out of seventy-one cases, and that was a strong point in favour of the early removal of the primary focus. The mortality after excision of the knee used to be very high, but now, since the operation was performed in less advanced cases, the results were far more satisfactory. Without wishing to lay too little stress upon reasons for delay, he yet held that in many cases excision should be done early if good success was to be had.

Mr. HOWSE congratulated Mr. Baker on his profession of faith in the value of excision of the hip. It was of the more consequence, because it came from a surgeon who had, not very long ago, entertained different opinions, and who was not easily convinced. As his colleague at the Evelina Hospital for Sick Children, he had seen nearly all the cases operated on, and he could assure the meeting there was not one in which the operation had been performed in an early stage of the disease, or for other than the most grave forms of the affection. If then such results were obtainable by operating upon the worst cases, what might be expected when the affection was operated upon in an earlier stage? For his own part, he believed excision of the hip one of the best-abused operations of surgery. It was so because it was looked upon as a *dernier ressort* in hip disease, and hence was made use of at a stage of the affection, often when lardaceous or miliary tuberculosis was impending, when it could be of very little use in saving the patient. In his own experience (and he had performed a very large number of these operations) excision of the hip-joint was an operation involving very little danger to the patient. The bleeding was small, and when performed antiseptically the shock was slight, and the general constitutional disturbance very little. He believed, therefore, the operation might with advantage be used at a very much earlier stage than at present. Whatever might be thought of the advisability of excisions when the joint-cavity was simply distended with pus, before the stage of cartilage destruction, he himself entertained no doubt of the benefit to be obtained from this operation when grating was perceptible in the articulation. And he did so on account of the difficulties in such cases of diagnosis of the exact pathological state of the bone. It was true, as Mr. Holmes said, that some of the cases where grating was perceptible did well with simple incisions, rest, and extension, but it was only a small percentage of such cases. If the bone was healthy the case might do well by such treatment, but the comparatively small proportion of cases in which the bone remained healthy was shown in Mr. Baker's patients by the number of times in which he removed sequestra from the joint. Granted, then, a case of grating hip-joint, it was next to impossible by physical signs to determine, short of excision, whether the bone was in a healthy state or not. And as the removal of the head of the bone added very little, if any, to the risks of the operation, he preferred to complete it in this way. Indeed, he would be prepared to go much further than this, and say that excision was justifiable before the stage of grating was reached, when, in fact, the joint was distended with pus, and showed progressive signs of getting worse after treatment by rest and medicinal means. With a patient lying in bed and emaciating from pain and hectic, excision was often the only successful means of arresting the disease. As regards the method of operation, he preferred to remove the trochanter major. He regarded free drainage after the operation as of primary importance, and the presence of the trochanter impeded this. If the trochanter were not cut away the muscular attachments to it were also generally not severed, and these muscles, contracting after the operation, drew up the limb and caused the trochanter to act as a kind of shield over the cavity of the acetabulum. If, subsequently, there were any sequestra to come away from the bone, they tended to be retained longer in this way than they would be if the trochanter were removed. As far as the treatment of carious acetabulum was concerned, he did not believe in the value of gouging it away. The bone was often so softened in such cases, and it was so difficult to determine at the time of the operation what bone was recoverable and what not, that gouging might be carried much too far, and then the pelvic fascia opened up, with considerable risk subsequently of pelvic abscess. His own rule of late had been, that if a sequestrum had existed loose to remove it, but otherwise to leave the acetabulum alone. He believed that better results would be obtained in this way than by too much meddling with it.

The PRESIDENT, after remarking that the subject had taken up the time of the Society for two evenings, sug-

gested that the matter was one which contained so many unsettled points, especially as to the selection of fit cases for operation, and the time for such measures, that it would be desirable to submit it to investigation by a committee. He accordingly nominated Messrs. Hulke, Holmes, Bryant, Marsh, and Croft to serve on a committee for this purpose.

Mr. CROFT, in reply, said that Mr. Holmes' statement that a limb after natural cure was superior to a limb after excision, appeared a formidable fact; but that should not weigh in deciding as to intervention. Mr. Holmes confessed his inability to give any indications of the cases where there was no necrosis and those in which there was necrosis, the crucial point in the matter. Where there was tubercular disease, as Mr. MacCormac pointed out, it was most important to extirpate the focus of possible inoculation. The specimens on the table would show that in not one of his cases was the operation uncalled for, and until any indications better than those he had followed could be furnished he would not yield his point. He had given his facts, and was prepared to stand by them. No such indications had been given by those who had spoken. The case of the child criticised by Mr. Hulke was one of acute necrosis, and no surgeon would refrain from interference in such a case when the head of the bone was already dislocated and the child was intensely suffering. He had adopted Sayre's method, using a longitudinal incision in the majority; a small number he had done by a Y-shaped incision, and he preserved the great trochanter or its periosteum, in order that firmer union might result, avoiding division of muscles from the trochanter. He doubted, after all, whether much difference of opinion really existed on the question; but he adhered to his opinion that the presence of pus in the joint pointed to advancing disorganisation, and that in all such cases the surgeon should incise antiseptically, and if, on exploring, necrosis be found, he should then excise the head without delay.

The Society then adjourned, after a session of upwards of two hours.

MEDICAL SOCIETY OF LONDON.

Contamination of Atmospheric Air by Arsenical Pigments.—Case of Œdema Glottidis.

AT the meeting of this Society on the 15th instant, Dr. Cockle, President, in the chair, a paper was read by Mr. WM. FOSTER, M.A., F.C.S., upon the Contamination of Atmospheric Air with the Vapours arising from Arsenical Pigments. Dry Scheele's green was heated up to about 50° C., and subjected to a current of atmospheric air. The air was then filtered through cotton-wool, and passed through a solution of caustic potash. Some experiments extended over several days. The potash solution was afterwards examined by Marsh's test, and in every case was found to be free from arsenicum. A quantity of deal-shavings were well coated with a paint composed of Scheele's green, turpentine, and linseed oil. They were then placed in a vessel, and a current of atmospheric air sent through them for several days. The air was afterwards passed through two bulb tubes, one of which contained a solution of caustic potash, and the other a solution of nitrate of silver. These solutions were afterwards examined for arsenicum with negative results. The experiments, therefore, lend no support to the belief that dry Scheele's green gives off white arsenic at ordinary temperatures, or that a paint composed of Scheele's green gives off arseniuretted hydrogen in the process of drying. The contamination of atmospheric air with the dust arising from arsenical pigments is a subject which is entirely distinct from the foregoing.—Sir JOSEPH FAYRER gathered from the paper that arsenical tinted chintzes, by many considered to be very poisonous, were not so as a matter of fact.—Dr. D. H. HALL pointed out that the paper only disproved the theory that the arsenic was given off in gaseous form.—Mr. JABEZ HOGG said that no one would assert that it was only given off in a gaseous form; but some cases which he had published could only be explained on this supposition. He characterised Campbell's and Abel's experiments as crude, and mentioned that Fleck and Hanberg, as well as Roscoe, considered that poisoning from wall-paper was due to some gaseous body, probably arseniuretted hydrogen.—Dr. DOWSE asked whether the author employed sufficiently high temperatures, and whether the salts of arsenic used in paints do not undergo oxidation in process of time. He thought arsenical poisoning not so common as some supposed.—Dr. W. R. ROGERS related a case of a family who suffered from poisoning until an arsenical wall-paper had been removed.—Dr. EWART agreed that the author's experiments were satisfactory so far as they went. He suggested that arsenical poisoning might be due to sewer-gas or some other gaseous emanation peculiar to some of the houses in which these paints or fabrics were used.—Mr. ROYES BELL referred to Dr. Lauder Brunton's case as being evidence that the poisoning was due to a gaseous form of arsenic.—Mr. MALCOLM MORRIS asked for a suspension of judgment until the report of the Arsenical Committee was laid before the Society. Clearly some people suffer where others escape, and he alluded to his own case, where the temperature of the room was high.—Professor FOSTER, in reply, said that he could not agree that arsenically tinted chintzes were innocuous. In the specimens shown there are 120 grains of arseniate of chromium and iron to the square yard. His contention was that any poisoning produced by these fabrics must be due to detachment of actual particles of the pigment. The average temperature used in his experiments was 122° F. Arsenious acid began to volatilise at a temperature of about 425°. The air used was the ordinary atmosphere of the laboratory, and was, of course, not over-pure.

Dr. DE HAVILLAND HALL then read notes of a case of Sudden Death from Apnœa (during vomiting?); œdema of the glottis; hæmorrhagic clot at posterior part of larynx: communicated by Dr. Lowe, of King's Lynn. The author was called to a boy aged five, whom he found dead. The face and neck were much congested, pupils slightly dilated, and a yellow fluid oozed from the mouth. The boy was well up to the previous day, when he complained of feeling sick, and did not eat his dinner, but went out in the afternoon, and seemed pretty well. After tea he vomited; slept from seven to eleven P.M., vomited twice again between eleven and one o'clock, and died at 1.30. No account of pain, cough, croupy breathing, or injury could be elicited. The most notable feature after death was œdema of the glottis, with vivid injection of the posterior surface of the epiglottis and laryngeal mucous membrane; whilst a distinct circumscribed hæmorrhage existed in the submucous tissue of the posterior wall, from the level of the left false cord to the upper edge of the incised cartilage. Death was attributed to spasm of the glottis excited by entrance of vomited fluid into the larynx; but the absence of evident dyspnœa and cough was remarkable. Dr. De H. Hall said he had that day seen a somewhat similar case. A child died on its way to the hospital, and recent ulceration with inflammation of the larynx was detected. He promised further details.—The PRESIDENT thought vomiting not an uncommon symptom in spasm of the glottis.—Dr. DOWSE had seen cases similar to those mentioned by Dr. Hall, and he attributed the symptoms to scarlet fever, or some other malignant poison.

Reviews and Notices of Books.

Colour Blindness: its Dangers and its Detection. By B. JOY JEFFRIES, A.M., M.D. Boston. pp. 312. London: Trübner and Co.

IT must be acknowledged on all hands that the subject of colour-blindness is one of extreme interest and of thoroughly national importance. When we reflect how many lives are daily dependent, by land and by sea, upon the accurate recognition by one person of the colour of a lamp, how many accidents, otherwise inexplicable, have resulted from inability to distinguish colours, we are astonished that the subject has not been more carefully investigated in this country, and that it has not attracted the attention of the Legislature. Most, if not all of the railway companies, do, we believe, subject their officials to a test of colour, but we doubt whether this examination extends much beyond the exhibition of green, white, and red coloured lamps—a method which, as has been prominently brought under our

own notice, is insufficient to test those cases in which there is not absolute colour-blindness, but only impairment of the sense of vision in this respect. We have known cases where a man has been perfectly able to discriminate between red, blue, and green light transmitted through glass of those colours, but who has confounded pink with green worsteds. Conditions of the atmosphere may give to a red light just that kind of tint which would confuse such a man, and would, in our opinion, justify his rejection as a driver on a railway or a navigating lieutenant. Although colour-blindness must have existed at all times, the first recorded case, the not very satisfactory one, by Dr. Turberville, occurred in 1684. This patient, a young woman, could see forms very well, but no colour besides black and white. She was probably hysterical, as she had scintillations at night, with appearances of animals, and could read for almost a quarter of an hour in great darkness. The next case was that of a man named Harris, reported by Mr. Huddart in 1777. The next was that of Mr. J. Scott in 1779. And then in 1794 comes the case of Dalton, whose description of his own red-blindness has become so well known as to have led some to apply the term "Daltonism" to colour-blindness—a term that Dr. Joy Jeffries very properly deprecates, since it applies the name of a great philosopher to a prominent defect. He reproduces the account given by Babbage of the incidents attending the presentation of Dalton at Court. As a Quaker, he would not wear the sword which is an indispensable appendage of ordinary Court-dress. Secondly, the robe of a Doctor of Civil Laws was known to be objectionable on account of its colour—one forbidden to Quakers. Luckily it was recollected that Dalton was afflicted with the peculiar colour-blindness which bears his name, and that, as the cherries and the leaves of a cherry-tree were to him of the same colour, the scarlet gown would present to him no extraordinary appearance. "So perfect, indeed, was the colour-blindness, that this most modest and simple of men, after having received the Doctor's gown at Oxford, actually wore it for several days in happy unconsciousness of the effect he produced in the street." Notwithstanding that all the earlier reported cases were English, no treatise appeared in this country on the subject till that of Wilson in 1855, and we have to thank Dr. Joy Jeffries for his very intelligently-written and useful little volume, which fills a hiatus that has been much felt. In this he has not only collected the principal facts that have been given by his predecessors, but he has added the results of his own observations and labours. It is not even now generally known that the retina is not everywhere equally sensitive to colour, so that red is not perceived by the most peripheral parts; but no structural peculiarities have been discovered to explain the difference in perceptive power. The proportion of the colour-blind seems to be about 4 or 5 per cent., though it differs somewhat in different countries. Women are rarely colour-blind, and Dr. Jeffries seems to find the proportion very small amongst Americans. Some difference would probably be found with the particular method of testing adopted. The best, as well as the easiest, is to take a large number of pieces of worsted, variously coloured, and direct the subject of the examination to sort them. A single error will settle the point. The tints that are most likely to be confused are pinks and light greens. A very convenient and cheap book has been published by Dr. Daae, in which the worsteds are arranged, some in regular and some in irregular order. Dr. Jeffries remarks: "The colour-blind can distinguish reds and greens better by artificial light than in daylight. Many a one has avoided detection by carrying objects, especially goods, to the gas to enable them to determine. The simple reason of this is that they can see, as the normal-eyed, blue and its complement yellow. The artificial light adds the yellow, and increases the yellow in the object itself, thereby assisting their vision. In lesser degrees of colour-blindness this result is very marked."

Great care should be taken, in testing for colour-blindness, that mere ignorance of the names of colours is not mistaken for colour-blindness, and thus a child be proscribed a business in which it would otherwise have made good progress.

We have great pleasure in recommending Dr. Jeffries' book to all who are engaged in the examination of the colour-blind. It is enriched with a very complete and accurate bibliographic index, which will, no doubt, prove extremely serviceable.

OUR LIBRARY TABLE.

Proceedings of the Medical Society of London. Vol. IV., 1877-79. Edited by F. DE HAVILLAND HALL, M.D., and D. H. GOODSALL, F.R.C.S.—There is one feature about this publication which is to be commended, and one which is to be deprecated. It is an advantage to have the discussions reported, as they are here, in full; but it is neither well for the reader nor desirable for the writer that the papers which gave rise to the debates should appear only (as they mostly do here) in abstract. To be sure some of the communications may not need further expansion, but others fail greatly for want of this. Still the volume only professes to give the Proceedings of the Society, but if it should be dignified with the title of Transactions, it will be incumbent upon the editors to furnish themselves with the full text of the papers.

Report on the Pathological Histology of Epizootic Pleuro-pneumonia. By Dr. CHARLES S. ROY.—The subject here discussed has already been treated, chiefly from the etiological side, by Professor G. Yeo. The author of this *brochure* gives the results of an excellent piece of work undertaken at the Brown Institution. He finds the changes to be in part those of ordinary croupous pneumonia, but there is much lack of uniformity in the process; for in parts catarrhal changes predominate, and a notable feature is the occurrence of interstitial exudation, somewhat resembling "tubercular infiltration." He lays most stress upon this last condition, and thinks the affection thereby in great measure allied to syphilis, glanders, and tuberculosis. Within a few pages Dr. Roy has succeeded in condensing the results of his research in a clear and lucid manner, and his descriptions are admirably illustrated by the plates which accompany the text.

Du Diagnostic des Différentes Formes de Méningite Cérébrale, Aigue et Tuberculeuse. (On the Diagnosis of the Different Varieties of Acute and Tubercular Meningitis.) By Dr. MONTAGU LUBBOCK. Paris: 1879.—We are always glad to welcome theses in a foreign tongue by Englishmen, and especially when the work is so creditably done as in this instance, by one, too, who bears a name respected in English science. The thesis before us is an excellent survey of the phenomena presented by tubercular meningitis, and the conditions which simulate it; but, as will be gathered from the title, the author discusses also the subject of simple meningitis, and in that way travels over a wide field.

The Physicians' and Surgeons' Visiting List for 1880. London: John Smith & Co.—Smith's Visiting List has now reached its thirty-fourth year of publication. The present edition will be found to contain some fresh matter of value to the busy practitioner, notably tables showing the equivalents of different thermometric scales, and of the principal poisons and their antidotes. The list is well arranged, and will be found a handy pocket companion.

MESSRS. LETTS AND CO. have sent specimens of their annual series of *Diaries, Visiting Lists*, and other appliances for the writing-table, desk, and pocket use of medical practitioners. These publications are too well known to call for special remark.

THE LANCET.

LONDON: SATURDAY, DECEMBER 27, 1879.

WE shall conciliate our readers by proceeding at once to our immediate purpose, without being led away to moralise on events which will make the year memorable, for good or otherwise, in history.

The most valuable contribution that has been made during the past year to the subjects of Anatomy and Physiology is, undoubtedly, the "Handbuch der Physiologie" of HERMANN, which is the first attempt to embrace the whole subject of physiology that has been made in Germany since the appearance of WAGNER'S great "Handworterbuch der Physiologie"—a work that was unsurpassed in its day, and has ever since been referred to on every subject by all engaged in the study of physiology. The present Handbook, like the former one, is composed of a series of articles, each written by a distinguished physiologist, and containing the most recent and certain information on the several subjects discussed. Two volumes have been published in rapid succession, chiefly devoted to Muscle and Nerve, and three more are promised. We do not know whether the Council of the New Sydenham Society would consider physiology too unpractical a subject for the majority of their members, but we can imagine that many of their country supporters would be glad of a translation giving the results of modern research in this department of medical knowledge. Good students' manuals of physiology have been published by Mr. FULTON of Toronto and Mr. BALE of Cambridge. Dr. FOSTER has issued a third edition of his excellent treatise on Physiology, which, though it contains no embryology, is attaining a portentous size. With these exceptions, we believe no important textbook on physiology has appeared during the present year.—The application of high microscopic powers to the examination of animal cells by KLEIN, FLEMMING, FRÉDÉRIQUE, and others, has demonstrated that the cell-contents of many forms of cells are by no means so simple in structure as has been hitherto believed. KLEIN describes a fine intercellular plexus of fibres in the interior of almost every cell, within the meshes of which is a juice or plasma. The nucleus possesses a definite membrane, but is essentially formed of an intra-nuclear network of fibres containing nuclear juice. The nucleoli he regards as only a condensation of the fibrous plexus. The intra-cellular and intra-nuclear fibrous networks he finds to be continuous with each other through the wall of the nucleus, and to possess a certain amount of contractile power, which explains the shifting of position that has often been observed in the nucleoli, and sometimes even in the nuclei, of the white corpuscles of the blood. The most interesting observations on the Blood are those of Dr. NORRIS of Birmingham and M. HAYEM. Dr. NORRIS'S observations were made public at the meeting of the British Medical Association at Cork in the autumn, and have led him to maintain that, in addition to the ordinary red and white corpuscles, the blood contains a large number of transparent corpuscles, of the size of the red discs, which under ordinary circumstances are invisible, because their refractive index and colour coincide with those of the plasma. They may, however, be brought into view by staining agents. He believes that these transparent corpuscles are derived from the spleen and lymphatic glands, and that they gradually undergo development into ordinary red corpuscles by becoming disc-shaped, biconcave, and full-coloured. M. HAYEM'S researches, like those of Dr. NORRIS, resulted in the discovery of a previously unrecognised form of corpuscle, to which he applied the term "hæmatoblast," in the blood of vertebrata. His first paper deals only with those groups of animals in which the blood possesses nucleated red corpuscles, but in their blood he finds peculiar corpuscles which play an important part in the production of the fibrinous reticulum that forms in blood after it has been withdrawn from the vessels. These corpuscles appear to undergo development into true red corpuscles, acquiring a nucleus and the ordinary tint. An interesting paper bearing on the subject of the dilatation of bloodvessels has been written by MM. DASTRE and MORAT. The dilatation of bloodvessels, seen in the act of blushing, must depend either on the suppression or the inhibition of the action of certain tonic centres, in which case it is passive, or it is due to the excitation of proper dilatator fibres; admitting, for the sake of argument, the latter to be the case, it is possible that the dilatator fibres may either, as SCHIFF maintains, cause the circular fibres to dilate actively, or may act upon longitudinal muscular fibres in the coats of the vessels, and thus cause enlargement of their calibre. Messrs. DASTRE and MORAT are, however, completely opposed to these views, and maintain in the strongest language that the dilatation of a vessel can only result from the inhibition of the ordinarily exerted tonic or constricting power, and is, in fact, a neuro-paralytic phenomenon.—The subject of the cause of the respiratory movements has received considerable attention, and the general result of the observations of FRIEDLANDER and HERTER, whose researches are the most important of those that have been published, is to show that whilst carbonic-acid gas is undoubtedly a poisonous agent, yet that the symptoms included under the term asphyxia are essentially due to deficiency of oxygen. Both deficiency of oxygen and excess of carbonic-acid gas cause dyspnœa, increase of blood-pressure, and diminution in the amount of oxygen absorbed; but if a due supply of oxygen be maintained in the air supplied to an animal breathing in a confined space it will continue to live for a comparatively long period, notwithstanding the gradual accumulation of the carbonic acid. If, on the other hand, the carbonic acid be removed as fast as formed, whilst no additional supply of oxygen is afforded, dyspnœa is rapidly induced, and death occurs when the total amount of oxygen has been reduced by the respiration of the animal to about 3 per cent.—In regard to Secretion, the most important addition to our knowledge is to be found in the researches of LUCHSINGER, WOOD, FIELD, NAWROCKI, and others, on the secretion of sweat. Though the influence of the nervous system on this secretion could not be overlooked in view of the perspiration which breaks out in fear, yet it is only by these experiments, which have now extended over some years, that satisfactory proof has been obtained that the sweat-glands receive

definite nerve-fibres, which spring from a centre situated in all probability in the medulla oblongata and spinalis, and capable of being excited by nicotin, pilocarpin, eserin, and other substances, and of being paralysed by atropin. WINTERNITZ has examined the temperature of the stomach in man, and finds it to be about 37° C. (97° F.), but makes the important practical observation that the injection of cold water into the rectum rapidly lowers this temperature, and hence that irrigation with cold water forms a very efficient means of treatment in hyperæmic conditions of the stomach, and the closely associated organs of liver and spleen.—The structure of Muscle and Nerve has also received special attention at the hands of Dr. KLEIN and Mr. NOBLE, and their views will be found given at large in their Atlas of Histology.—In regard to the Structure of Nerves, BOLL finds that the axis-cylinder is liquid or semi-liquid, and presents no traces of fibrillar structure. It is contained in a special sheath; in other respects his account agrees with that of RANVIER. RUMPF also finds that the axis-cylinder possesses a special sheath. ENGELMANN has continued his examination of muscle, and describes the phenomena of contraction as they are seen under the microscope. When contraction reaches a certain degree, the transverse striation of striated muscle disappears owing to the development of the homogeneous or transition stage, but it reappears when the shortening amounts to 50 per cent., owing to the occurrence of the stage of inversion. The striation, though it disappears under ordinary examination is recognisable at all stages and degrees of contraction, if the muscle be examined under a Nicol's prism. The nerves of striated muscle have been investigated by PSCHIRIEW, who states that there are two sets, one of which is sensory, the other motor. The sensory fibres are destitute of the white substance of Schwann and terminate in the fasciæ and aponeuroses of muscles. It is to these that the function of muscular sensibility is to be exclusively assigned. His researches on the termination of the motor nerves have satisfied him that the essential part is the terminal arborescent ramification of the cylinder-axis, whilst the granular mass forming the Doyère's eminence is practically unimportant, since it is sometimes absent.—Were the experiments of M. DURET supported, some remarkable reflex movements may be induced by stimulation of the dura mater, a part that has hitherto been regarded as fulfilling only a protective function. Irritation of the anterior portion he found to produce reflex movements of the eyelids and of the muscles of the face; irritation of the middle part acted on the muscles of the auricle and of the cutaneous muscles of the cranium; whilst irritation of the posterior part caused contraction of the infra-hyoidean muscles and of the posterior cervical region. M. BOCHEFONTAINE, however, whilst admitting that the dura mater is very sensitive to stimulation, has arrived at a different conclusion, and states that irritation of the dura mater is accompanied by cries and other evidence of acute pain, by acceleration of the pulse and increase of arterial tension, which soon, however, falls to the normal amount, whilst the pulse becomes feeble; the pupil dilates, there is hypersecretion of saliva, and micturition and defecation are excited.—Professor CHARLES, of Queen's College, Cork, has discussed at some length the arguments for and against the vibratory theory as a mode of accounting for the propagation of nervous impulses, and is inclined to adopt the chemical theory in its place. He regards the nervous impulse as a force in some respects resembling electricity generated by, but distinct from, chemical action.—The subject of the Localisation of Function in the cerebral hemispheres has received important additions from the researches of Dr. MUNK, especially in relation to the organ of vision. He has shown that each hemisphere is connected in apes with both retinæ, and that the ablation of one occipital lobe is followed by bilateral hemiopia. In dogs he formulates the conclusions at which he has arrived from his experiments in the following statement. The external lateral portion of each retina is connected with the external lateral portion of the visual centre of the corresponding hemisphere. The much larger remaining portion of each retina is connected with the remaining and much larger part of the visual centre of the opposite hemisphere.—The subject of Development has received additions from Dr. MILNES MARSHALL, who, in a paper read before the Royal Society, has described the development of the olfactory nerve and organ in vertebrata, and has shown that at an early period the nerve projects from the upper part of the forebrain before the hemispheres begin to appear, whilst the olfactory lobe is formed at a later period as a depression of the inner wall of the vesicle of the forebrain, and the nerve then shifts to a lower position; also from GASSER, who has described with great care the primitive streak of the embryo of the bird; and from WAGENER and BALBIANI, the latter of whom has published his "Leçons sur la Génération des Vertébrés," delivered in the College of France, and dealing chiefly with the Graafian follicle, which is also the subject of WAGENER'S paper in HIS' *Archiv*. The development of the eye has been studied by LIEBERKUHN.—The Apex-beat of the Heart has been carefully investigated by FILEHNE and PENZOLDT.—In conclusion, we may notice the fact that GEORGE HENRY LEWES, whose labours in physiology were marked by the acuteness characteristic of his intellect, has in his will left a sum of money sufficient to found three scholarships, each of the value of £200 per annum, and tenable for three years, to be competed for by physiological students of either sex. The distinguished honour of obtaining one of these has been bestowed upon a worthy recipient, Dr. C. S. ROY, who has written excellent papers, in the *Journal of Physiology*, on the Influences which Modify the Action of the Heart, and kindred subjects.

In the department of Pathology the past year has been fruitful of much elaborate work. As a slight indication of the increasing interest taken in the subject, it may be noted that the well-known and long-established *Archiv* published by VIRCHOW was enlarged at the beginning of the year, to enable four volumes, instead of three, as hitherto, to be issued annually; and in our own country—although a special "Journal of Pathology" has yet to be established,—we find the Journal of Anatomy extending its field to the region of morbid changes. Glancing at a few of the subjects that have received most attention, it is obvious that the wide and largely unexplored domain of septic infective diseases has been closely studied, with reference to their association with minute forms of organisms. The year opened at the Paris Academy of Medicine with a debate, shared in by

many well-known observers in this field—on Septicæmia and Osteo-myelitis, which extended over several meetings, and was followed by another discussion upon Puerperal Septicæmia. The most important contributions to the literature of the subject have been the work of KOCH on the Etiology of Infective Diseases arising from Wounds; and a very exhaustive research upon Septicæmia, Pyæmia, and Allied Diseases, has been carried out by a Committee of the Pathological Society, and published in the current volume of its Transactions. Other workers in this field include KLEBS, EBERTH, WALDSTEIN, TOMMASI-CRUDELI; and the subject was chosen by the Professor-Superintendent of the Brown Institution, Dr. GREENFIELD, for his annual course of lectures just concluded, which contained several new facts observed by him in splenic fever, glanders, septicæmia, &c. And to this may be added Dr. ROY'S contribution to the Histology of Bovine Pleuro-pneumonia. The subject of Tuberculosis continues to receive almost as much attention as ever. Professor CORNHEIM has lately published a lecture surveying the whole question, where he declares himself in favour of the view that all tubercular processess are infective in origin. Another observer, SCHUEPPELL, goes so far as to assert that bacteria underlie them. ORTH has written on the same subject. The anatomy of miliary tubercle has been again treated in a paper upon the Histogenesis of Giant-cells, by LUBIMOFF; its mode of dissemination in articles dealing with tubercle of bloodvessels, by MUEGGE and WEIGERT; and the French school (which has never wavered in its adhesion to LAENNEC) has, through CHARCOT and GRANCHER, spoken with no uncertain sound upon the tubercular nature of phthisis. The contributors to the pathology of Syphilis have been numerous. UNNA has written upon the histology of the chancre. Much has been done both at home and abroad to increase our knowledge of the lesions of infantile syphilis, especially those affecting the skeleton. Arterial pathology has been represented chiefly by researches on changes in bloodvessels after ligature, by RAAB; by a careful reinvestigation of chronic endarteritis and atheroma by PALMA; and the changes undergone by arteries in phthisical excavation by PAOLI. The subject of hepatic cirrhosis, with especial reference to the so-called "hypertrophic" form was, discussed by BRIEGER. Minuter renal pathology is represented in papers by CORNIL on the epithelial changes, and by LANGHANS on the glomerular alterations in nephritis. The histology of bronchitis has been most ably worked out by HAMILTON in a monthly contemporary. Dermal pathology has been much to the fore in this country, and especially in the proceedings of our Societies; and to mention only a few of the comparative novel lines followed abroad may be cited papers on Tuberculosis of the Skin by JARISCH and CHIARI, on Lupus and Carcinoma by KAPOSI, Carcinoma by CHAMBARD, and Alopecia areata by EICHORST. The foregoing by no means aims at being a complete list of all pathological work during the closing year, but it includes some of the more important writings dealing with the histological side of the subject. On Diseases of the Kidneys, the most important contributions to our knowledge have been the investigations into the systemic relations of these diseases by MAHOMED and SAUNDBY, and the experimental researches of GRUWITZ and ISRAEL on the relation between renal disease and cardiac hypertrophy. Important clinical observations on these diseases have been published abroad by LITTEN and ROSENSTIEN. The year has been marked by no considerable addition to our knowledge of diseases of the nervous system. In France the observers have been chiefly occupied in playing on the responsive nervous systems of their patients, and alternately eliciting and subduing the various phenomena of hysteria. More solid work has, however, been done by M. BROWN-SÉQUARD in the prosecution of his experiments on the interaction of various parts of the nervous system in the production of the symptoms of disease; while the publication of the lectures of VULPIAN, and the systematic work of GRASSET, deserve especial mention. In Germany, the most noteworthy event is the publication of NOTHNAGEL'S exhaustive conspectus of the facts of cerebral localisation, while the same subject has received an important contribution in the researches of LUCIANI and TAMBURINI on the localisation of the sensory centres of the brain.

In the region of Therapeutics there has been no failure of earnestness or success during the year. One very conspicuous feature, well developed in our own pages, has been the warm discussion of climatic therapeutics. Not for many years has so much attention been given to the climatic treatment of phthisis, nor so much determination to reconsider the old and traditional views on that subject. Dr. CLIFFORD ALLBUTT'S papers in THE LANCET of 1877 and 1878 gave a great impetus to the views of those who dislike the old protective and relaxing treatment of phthisis, and favour the view that as far as possible it should be treated in a bracing open-air way. Dr. CLIFFORD ALLBUTT gave a special turn to the subject by suggesting that the benefits of Davos air were largely due to its purity from germs; in other words, to its antiseptic qualities. Be this as it may, his spirited contention in favour of Davos, and his pithy details of a large number of cases during the last and very severe winter, brought into the field numerous contributions to a right understanding of the whole subject, which will be found in various parts of our second volume for the year. Dr. BURNEY YEO, in a letter, claimed what credit is due for, so early as 1876, making a distinct point of the aseptic qualities of the air of Davos. It is not a little curious and interesting to find that in medicine, as in surgery, asepticism is in the ascendant. But the numerous communications we have inserted, particularly those of Dr. HASSALL, Dr. THEODORE WILLIAMS, Mr. D. H. CULLIMORE, Mr. JOHN ADDINGTON SYMONDS, and Mr. V. A. JAGIELSKI, show that this question is a very complicated one—that is, it is not a mere matter of air, but of food and habits and general hygiene, and will require on both sides much patience and observation before any sound generalisation can be reached. It is gratifying to find on all sides so much critical perception of the points of the controversy. Another active part of the therapeutic field is that covered by the dermatologists, who at present constitute a young and active section in the schools and medical societies. The treatment of Psoriasis, in some of those of its forms which are not amenable to the stimulating and arsenical treatment, was the subject of a paper by Dr. J. B. BRADBURY, and he very well pointed out that in such

cases salts of potash, with or without other medicines, control the disease. This is not a new discovery, but was a part of TILBURY FOX'S practice; yet it needs to be insisted on in a troublesome disease. The treatment of cases of Delirium Tremens and of persons habituated to the use of opium or its alkaloids received powerful illustration in our first volume. Dr. GEORGE W. BALFOUR, physician to the Edinburgh Infirmary, gave the weight of his authority, founded on an exceptionally large experience, in favour of a complete discontinuance of alcohol as not only a safe course, but one essential to cure, in addition to the use of chloral to procure sleep. Similarly in cases of morphia intoxication, opinion accumulates in favour of the immediate and complete stoppage of the drug. One case was reported in our columns by J. T. CLARKE, M.B., in which the patient had been having a scruple of morphia daily. The abrupt discontinuance of it was followed, after a few days of misery, by complete cure. Much attention continues to be given to the action of substances which influence the nervous system and the vaso-motor system — caffeine, iodide of ethyle, nitro-glycerine, ergotine, and hyoscyamine. The efficacy of ergotine in the form of suppository in reducing fibroids of the uterus and their inconveniences was strikingly shown in a paper by Dr. ROBERT BELL, of Glasgow. Whooping-cough, which has been shown to be influenced by small doses of carbolic acid, is found by Mr. WIGLESWORTH, of Liverpool, to be very amenable to small doses of atropia. Aconitia and the ammoniacal sulphate of copper have been found effective in neuralgia respectively by the New York Committee on Neurotics and by M. FÉRÉOL. The important discovery by Dr. MACLAGAN of the influence of salicin and its compounds in acute rheumatism, announced in our columns two or three years ago, is confirmed, though qualified, by further experience. A lively and important discussion took place in THE LANCET between Dr. MACLAGAN and Professor SENATOR, of Berlin, as to the greater efficiency of salicin or salicylic acid. A valuable series of cases of rheumatic fever, illustrating the action of different kinds of treatment, will be found in a communication by Dr DAVID W. FINLAY and Mr. R. H. LUCAS. The paper includes an analysis of 158 cases treated in the Middlesex Hospital. The one drawback of the treatment by salicylates was a greater tendency to relapses. But the moral of this discovery is not to entirely discontinue the medicine, or dismiss the patient, till the risk of relapse is over. The value of nitrite of amyl in two- or three-drop doses inhaled, in relieving sea-sickness, as shown by Mr. CROCHLEY CLAPHAM in 1875, in our columns, has been further illustrated this year by a communication from Mr. W. A. DINGLE, of the Peninsular and Oriental Service. Dr. G. V. POORE has continued his original and instructive papers on the influence of various medicinal springs and health-resorts on the Continent. The old question of the use of hypophosphites in phthisis has been discussed by Dr. COGHILL, of Ventnor, who has, of course, reduced the action of the drugs to much more modest proportions than those assigned to it by Dr. CHURCHILL. The treatment of maniacal excitement has been discussed carefully by Dr. A. CAMPBELL, Medical Superintendent of the Garland Asylum, Carlisle. Dr. CAMPBELL concluded that though sleep-producers are occasionally necessary in an asylum, they are not often so, and that prolonged exercise, with food, and morning shower-baths, are very advantageous. Mr. ENGLEDUE PRIDEAUX, on October 2nd and 9th, gave the results of his observation on the action of hyoscyamine, which he regards as the most effectual method of "chemical" restraint in maniacal excitement. Two or three successful cases of transfusion have been reported in our columns. Dr. MCCALL ANDERSON, in declaring his agreement with Dr. HEADLAM GREENHOW as to the pathology of Addison's disease, spoke of the remarkable improvement from treatment based on such views.—Among the Pharmacological researches of the present year deserving of special mention are those of BINZ and SCHULTZ on the mechanism by which arsenic acts as a poison, and the discovery of its deposit in the brain by CAILLOT and LIVON. The nervous mechanism by which certain diaphoretics act has been carefully investigated by MARMÉ and NAWROCKI; and the local antagonism of atropine and pilocarpine has been studied by STRAUSS. Our knowledge of the action of anæsthetics has been materially increased by the investigations into their influence on the circulation which has been made by M. ARLOING. Professor RUTHERFORD'S researches on the action of drugs in the secretion of bile—perhaps the most important series of pharmacological experiments of the present generation,—although announced previously, have been this year, for the first time, published in a completed form.

It is pleasing to recall the activity and enthusiasm which have prevailed within the realm of Surgery during the year. The treatment of wounds is coeval with the existence of man. From the remotest antiquity until now professors of the healing art have vied with each other in devising plasters, balsams, salves, lotions, and other applications to expedite the repair of external wounds and injuries. The subject has reached a better phase with the natural advance of time and the progress of knowledge. Tedious and numerous as the efforts after a rational system of dressing wounds may have been, it is only in the last quarter of the nineteenth century that they have been directed and guided by a scientific spirit. The year that is now touching its end has witnessed a great leap forward of one of the most philosophical methods ever proposed. Whatever estimate may be formed of the true scientific value of Mr. LISTER'S theory, his name will be enrolled among the benefactors of humanity. By his individual efforts, and by the stimulus he has given alike to his disciples and his opponents, he has lifted wound-treatment out of the depths of rude empiricism and put it almost on a level with exact science. Whether Mr. LISTER finally demonstrates the truth of the germ theory on which his practice is based, or not, is of less importance than some persons imagine. His practice is eminently successful. Whether the success be due to the precautions to exclude noxious germs from the vicinity of the wound, or to perfect application of rest, position, cleanliness, and pressure, as Mr. SAMPSON GAMGEE maintains, or to eradication of faulty hygienic conditions, as Mr. SAVORY seems to think, the fact exists. The explanation may follow. Meanwhile the contest still goes on; we are content to await the issue. The contributions to the controversy on the antiseptic system have been both numerous and important during the year. We may especially mention

Mr. SAMPSON GAMGEE'S papers on Wound-treatment, Mr. WATSON CHEYNE'S Researches on Organisms under Antiseptic Dressings; Mr. KNOWSLEY THORNTON'S observations on the Antiseptic method in Ovariotomy; the debate on Antiseptic Surgery at the Metropolitan Counties Branch of the British Medical Association, and Mr. LISTER'S clinical lecture on the subject—all of which have appeared in our columns; and Mr. SAVORY'S Address on Surgery, delivered at the meeting of the British Medical Association, held in Cork. Another great subject that has excited attention during the year is Professor BIGELOW'S operation of Litholapaxy—that is, crushing a vesical calculus by the lithotrite and removing the fragments by suction at one sitting. This is a new departure in lithotrity, and has already made much headway. Sir HENRY THOMPSON, Mr. COULSON, Mr. TEEVAN, and Mr. BROWNE, of London, Mr. CADGE of Norwich, Mr. HARRISON of Liverpool, and others, have tried the plan, and have spoken favourably of it in our columns during the year. Professor BIGELOW recorded his later experience of the practice in THE LANCET for May 17. Apart from these two large subjects—wound treatment and removal of stone from the bladder—there has been no abatement of interest in other surgical topics. Mr. BARWELL has recorded a successful case of ligature of the right subclavian and carotid arteries for aortic aneurism; the substance employed as ligature was a broad strip of an ox's aorta. Mr. RUSHTON PARKER has recorded a case of ultimate spontaneous cure of recurrent popliteal aneurism, in which consolidation had apparently been effected twice previously, once by flexion and once by ligature. Two cases of recurrent popliteal aneurism after apparent cure by Esmarch's elastic bandage have been recorded in the "Mirror of Hospital Practice," one by Mr. THOMAS SMITH of St. Bartholomew's Hospital, the other by Mr. CHAUNCEY PUZEY, of the Northern Hospital, Liverpool. Mr. C. S. JEAFFRESON has ligatured the common carotid for aneurism of the carotid in the cavernous sinus, in a woman aged forty-five. Though the patient died, the case was one of great interest. Many important contributions have been made to the surgery of the head. Mr. THOMAS SMITH'S case of recovery, with non-impairment of mind or body, from a bullet wound through the anterior lobes of the brain possesses both clinical and physiological interest. Not less instructive are the cases of injury to the skull recorded in the "Mirror" by Mr. HULKE, Mr. HUTCHINSON, Mr. DAVIES-COLLEY, Dr. SOUTHEY, and others; and the cure of epilepsy after fracture of the frontal bone, which Mr. WEST, of Birmingham, effected by trephining the skull, and Mr. HULKE'S successful case of evacuation of a traumatic cerebral abscess by trephining and incision. It would require too much space to enumerate all the more interesting cases that have been recorded, and that illustrate novelties of practice. We may, however, mention Mr. JOHN MARSHALL'S cases of subfascial suppuration of the neck, treated by median incision; Dr. PIRRIE'S rare case of intracapsular fracture of the neck of the femur with great flexion, adduction, and inversion of the limb; and Mr. ROSE'S successful imitation of Mr. LISTER'S plan of treating recent fracture of the patella by opening the joint and uniting the two fragments of the bone by wire sutures, antiseptically.

The most important works on Ophthalmology that have been published during the past year are those of KLEIN, ZEHENDER, SICHEL, and ARADIE. Judging from the number of treatises and pamphlets devoted to the subject, a large amount of attention is being paid to colour-blindness. Thus, amongst others, we have the treatises of HOLMGREN, v. REUSS, of HERMANN, COHN, KALISCHER, JOY JEFFRIES, WOLFE, MICHEL, FONTENEY, HUGO MAGNUS, DAAE, and STILLING, in all of which the importance of its recognition is dwelt upon, and valuable rules laid down for its discovery. Next to this, which has, perhaps, wider public or even national interest than any other affection of the eye, glaucoma may be placed, and we are indebted to Dr. BRAILEY for a very valuable communication on the pathology of increased tension of the globe, published in the part of the Ophthalmic Hospital Reports just issued, in which he shows that cases of the disease are divisible into two great groups, in one of which the iris is primarily affected, and in the other the choroid and ciliary region. The inflammatory state leads to alterations in the structure of the iris, ciliary muscle, and choroid, to peripheral corneal adhesion of the iris to the cornea, to closure of the canal of Schlemm, to diminution of the secretion of the aqueous, and hence to shallowness of the anterior chamber and other changes to which the increased tension of glaucoma is due. Some valuable observations on glaucoma have also been made by MAUTHNER. Professor RAMPOLDI, of Pavia, has corroborated the statements of earlier observers on the effects of pilocarpin upon the eye, and recommends it as an equally effective and more rapid myotic than eserine. The alkaloid duboisia, on the strength of the statements of BANCROFT and FORTESCUE of Australia, TWEEDY of London, and others, is somewhat extensively used. Care, however, is required in its use, as it occasionally produces serious symptoms. Prof. RAVA has largely employed iodoform mingled with lard, in the proportion of one part to twelve, as a local application in phlectenular ophthalmia, ciliary blepharitis, and similar forms of disease. This department of medicine has sustained a severe loss in the death of Mr. SOELBERG WELLS, whose book on Diseases of the Eye is undoubtedly the best modern work in the language, and whose kind and genial disposition will make his memory live in the minds of his old friends and associates.

In the Obstetric department of Medicine the most noticeable event was a discussion on the Use of Forceps at the Obstetrical Society, opened by Dr. BARNES on May 7th. The discussion will be historical, and was exhaustive. On the whole, perhaps it may be said that the result was to slightly check a tendency to the too early use of the forceps. It would be a mistake for those who neglect the forceps to think that the discussion gave any sanction to them; on the other hand, it did not appear that, even in the hands of Dr. JOHNSTON, its use before the pretty full dilatation of the os was so successful as to justify less gifted operators in so using it. In Gynæcology, we must not omit to record that Mr. THOMAS KEITH, of Edinburgh, has had 77 ovariotomies without a death—a feat which might almost bring up again some of the early opponents of this life-preserving operation to apologise. Mr. SPENCER WELLS is having a similar run of happy results, and has recently

attributed it to antisepticism. Abdominal section for the removal of fibroid tumours of the uterus has been performed successfully in several instances. No opinion can be formed, however, of the feasibility or justifiability of the operation until full and complete statistics of successes and failures throughout the kingdom have been published.

The annals of the Royal College of Physicians have had little of importance added to them during the past year. The Fellows have agreed to the provisions of the Conjoint Scheme, although there was a distinct expression of feeling on the part of many that it was unwise for the College to commit itself to the scheme till the fate of the Government Medical Bill was known and the action of the College of Surgeons was decided. The College is to be congratulated on the large number of Fellows elected this year, who had only just passed the probationary period of four years from taking their membership. In conferring the distinction early in his career, the College at once stamps the character of a man's work with approval, and thus brings him prominently to the front. It is now the only privilege left to this once powerful body, and, we hope, will be exercised with discretion. In late years there have been complaints that the Council have not always selected the best names submitted to them. The list, however, of this year contains the names of men distinguished both in scientific and practical medicine, who have thus had their claim to the distinction early and gracefully acknowledged. The Croonian, Lumleian, and Gulstonian lectures were delivered by Dr. W. H. STONE, Dr. BRISTOWE, and Professor CURNOW respectively, and were all published in our columns.

On reviewing the transactions of the Council of the Royal College of Surgeons, it is impossible not to be struck by the amount of time and energy that has been wasted in attempts at abortive legislation, or in finding excuses for postponing reforms. In January, a committee of members of the Council who had passed the presidential chair was formed to watch the parliamentary proceedings affecting the medical profession. What this committee has done has not yet been revealed. The "Committee of Reference" in March sent a communication, bringing under the notice of the Council important further proposals in the Conjoint Scheme. But it was agreed "that in the then state of the question of legislation on these matters, it would be useless for the authorities to attempt any final consideration of the proposals of the Committee of Reference." In May two memorials were transmitted from the General Medical Council for the observations of the Council of the College; one signed by twenty-four practitioners and teachers of ophthalmic surgery, alleging a frequent neglect of ophthalmic surgery in the ordinary course of medical education, and proposing that ophthalmology should be more specially required in examinations; the other from the Obstetrical Society, alleging that the regulations of the English licensing bodies do not require enough study of obstetric medicine, and proposing that the present requirements should be increased. The answer to both these memorials was that "the Council did not see any present occasion to alter the requirements of the College in either of the matters in question." The reply given to the memorial presented by 100 Fellows requesting the Council to make such alterations in the bye-laws as would enable Fellows to vote by voting papers, or by proxy, at the election of members of the Council, was practically that the request could not be considered, because the memorialists ought to have asked for a new *charter*, not an alteration in a *bye-law*. The deputation of teachers of anatomy and physiology, who asked that some changes might be made in the primary examinations of the College, were politely informed that they appeared too late on the scene, as the very changes proposed by them had already been independently raised by the Committee on Examinations. On Oct. 16th Mr. SIMON's motion to rescind the rule that restricts the examinerships in Anatomy and Physiology to Fellows was almost unanimously rejected; and on Dec. 11th Mr. GAY's motion to render Members of the College eligible met a similar fate. The Committee appointed on Mr. HOLMES's motion to consider the question of altering the curriculum in Anatomy and Physiology communicated the stereotyped answer, "they did not see," &c. &c. Except these things that the Council has *not* done, there is scarcely anything beyond the routine business that calls for special mention. In February Dr. HUMPHRY delivered the Hunterian Oration. The customary vacancies in the Council occurred in July, by the retirement in rotation of Mr. LE GROS CLARK, Mr. CRITCHETT, and Mr. SPENCER WELLS. An additional vacancy was caused by the death, in September, 1878, of Mr. JOHN HILTON. Mr. SPENCER WELLS was the only retiring member who sought re-election, and he in due course returned into the Council; Mr. JOHN WOOD, Mr. HENRY POWER, and Mr. JONATHAN HUTCHINSON also being elected members. In October Mr. JOHN WOOD was elected a member of the Court of Examiners, in place of Mr. ERICHSEN, resigned; and Dr. DICKINSON was elected examiner in Medicine, *vice* Dr. SIEVEKING, resigned. The Board of Examiners in Anatomy and Physiology were appointed, on the 11th inst., in accordance with the new principle of separating Anatomy and Physiology: Messrs. WOOD, HEATH, DURHAM, PICK, and RIVINGTON were appointed examiners in Anatomy; and Messrs. POWER, HULKE, BAKER, and LOWNE examiners in Physiology. The Jacksonian Prize for 1878 was awarded to Mr. PRIESTLEY SMITH, of Birmingham, for his essay on "Glaucoma."

To write a history of the "Mirror of Hospital Practice" for the year would be to give a summary of the cases that have appeared from week to week. This we shall not attempt. The cases that have been recorded have been gathered from every good and trustworthy source, and they illustrate not only the practice of modern medicine and surgery throughout the United Kingdom, but give occasional glimpses at the state of medicine and surgery on the European continent, and even in places much more remote. An attempt has been made to represent all departments of medicine and surgery, but, for obvious reasons, preference has, as a rule, been given to cases of *general* interest. The specialities have, however, by no means been neglected. Obstetrics, ophthalmology, otology, dermatology have been as largely represented as the pressure on our space would allow. In preparing the cases for publication it has been deemed desirable sometimes to add brief critical or explanatory comments to the reports, especially when the physician or surgeon under whose care the case may have been has omitted to do so. But it is a merit to be claimed for the

cases that appear in the "Mirror" that they are valuable clinical records, free from fantastic theories and fanciful hypotheses. The difficulty of selecting for special mention any case where all possess peculiar merits almost tempts us to refrain. We venture, however, to give prominence among the surgical cases to some of Mr. BRYANT'S, in which amputation of a lower limb for disease of the bone, associated with advancing phthisis, was followed by arrest of the pulmonary symptoms; two cases of amputation through the knee-joint by a modified plan, by Mr. FURNEAUX JORDAN and Mr. WEST; cases of excision of malignant disease of the rectum, by Mr. WILLOUGHBY FURNER of Brighton, and Mr. EWART of Manchester; a case of laceration of the left external iliac artery from a fall, seen by Dr. O. H. FOSTER of Hitchin; cases of gastrostomy for malignant disease of the œsophagus, by Mr. MCCARTHY of the London Hospital, Mr. MILNER MOORE of Coventry, and Mr. LITTLEWOOD of Nottingham; a case of removal of a plate for artificial teeth from the gullet by œsophagotomy, by Mr. W. ALEXANDER of Liverpool; a case of intercarpal dislocation, recorded by Mr. RICHMOND, of Warrington; a case of spasmodic wry-neck, cured by Professor ANNANDALE of Edinburgh, by section of the spinal accessory nerve; and a case of fracture of the femur by spasmodic muscular contraction, recorded by Mr. T. W. WALSHE of Worcester. The following are a few of the more interesting medical cases that have been recorded in the "Mirror":—Pyrexia, with hyperæsthesia and rapid muscular wasting, by Dr. O. STURGES; cases of chorea treated without medicine, by Dr. TUCKWELL of Oxford; cases of diabetes, with aceto-uræmia, recorded by Dr. SOUTHEY of St. Bartholomew's; premature labour induced by pilocarpine, by Mr. J. CLAY of Birmingham; inversion of the vagina and prolapse of the uterus from sudden effort, by Dr. WILTSHIRE; hydatid cyst in the wall of the left ventricle of the heart, by J. STIRLING BUCK; two cases of leukæmia, by Dr. WELCH of Birmingham; cerebral abscess, with unusual irregular temperature, by Dr. HENRY TOMKINS of Manchester; and a fatal case of tetanus following a fall on the sacrum, by Mr. LEIGH of Brighton.

In several ways the year that is passing will be memorable in the annals of our Medical Societies. The losses sustained by the profession have been especially felt in these bodies; for one cannot but recall that twelve months ago two of the leading Societies were presided over by those who have since passed away; and to their names also must be added others among the most zealous contributors to the work of these bodies whose "place knows them no more." At the same time there is undoubted evidence of increased and increasing activity in the Societies. The practice of debating is being stimulated, the character and importance of communications are high, and all round there is energetic, zealous, and thorough work. It may be that the publicity given to their proceedings, in which this journal has striven to do its share, has aided in the maintenance of the standard attained by these bodies. There is no doubt as to their influence in guiding opinion; for many a fact of importance has been first promulgated within them, and all that is questionable has been submitted to the criticism they afford. It is no slight task to condense within a few lines a survey of the multifarious topics treated in the year's session of the Societies. It can be but a superficial glance at best. This work is as follows:—At the Royal Medical and Chirurgical Society, Mr. ERICHSEN succeeded Dr. CHARLES WEST in the presidential chair. The session was signalised by an event unusual—almost unprecedented—in the annals of this Society—viz., a debate extending over three evenings upon the subject of Membranous Croup and Diphtheria. A committee, of which Dr. WEST, and then Dr. DICKINSON, was the chairman, had presented its report on this subject at the close of 1878. The report was printed and circulated among the Fellows, and an evening fixed for its consideration. At first the debate lacked in spirit, but on the second and third evenings it was carried on in a way worthy of the Society which had inaugurated it. The subject was of great importance, and although room enough existed for divergence of opinion, the main conclusion from the debate, and from the committee's inquiry, was in favour of the identity of the two affections. Amongst the memoirs read during the year at this Society may be mentioned that on the Effects of Diet, Rest, and Exercise in Chronic Nephritis, by Drs. BRUCE and SPARKS; that on the novel subject of Tendon Reflex, by Dr. GOWERS; and that on Perforating Ulcer of the Foot, by Messrs. SAVORY and BUTLIN. A careful study of the Ophthalmoscopic Appearances in Tubercular Meningitis was contributed by Dr. GARLICK. Papers on Trephining, especially in connexion with Traumatic Abscess of the Brain, or Epilepsy following Traumatism, have been read by Messrs. HULKE, GAMGEE, and JAMES WEST; and recently the subject of Eczema of the Nipple, and its relation to Mammary Cancer, has been discussed by Mr. H. MORRIS from the clinical, and Dr. THIN from the pathological side.—At the Pathological Society the chair so worthily held by Dr. MURCHISON fell to Mr. HUTCHINSON, under whose auspices a new system of exhibiting specimens without oral communication has been successfully started, in order to relieve the Society of the great pressure on its time. The chief feature of the year has been the presentation of the Report of the Committee on Pyæmia, Septicæmia, and allied Infective Diseases—a report almost exhaustive of a wide subject, and abounding in matter of a highly suggestive kind. Cognate to this was a paper by Mr. WATSON CHEYNE, establishing the fact of the occurrence of organisms under antiseptic dressings. M. PARROT, of Paris, described to the Society the Osseous Lesions of Hereditary Syphilis, and his work in this direction has stimulated many of the members of the English Society to observations confirmatory of his facts, amongst whom may be specially mentioned Drs. BARLOW and LEES. A debate on Lardaceous Disease was opened by Dr. DICKINSON, but the subject did not prove very attractive, and but little freshness or novelty could be imported into it. The pathology of Infantile Paralysis was well illustrated in communications from Drs. TAYLOR, TURNER, and HUMPHREYS, and a paper on the Pathology of Morphœa has been read by Dr. CROCKER. It is obvious that more care is being taken in this Society to group the subjects brought forward.—In the Clinical Society we find the office of President filled by Dr. E. H. GREENHOW in succession to Mr. CALLENDER. A subject which was frequently discussed during the past year was that of Intestinal Obstruction, with especial reference to operative interference, communications being made

by Dr. CAYLEY and Mr. LAWSON, Messrs. MARSH, BRYANT, BARWELL, HULKE, and Dr. COUPLAND. A suggestive paper on Rheumatoid Arthritis, with especial reference to its association with uterine disorder, was contributed by Dr. ORD. A case of Gangrene of the Lung treated by incision was placed on record by Dr. CAYLEY; one of Amputation at the Hip, in which DAVY'S lever was employed, by Mr. GOULD. The papers of Mr. CROFT, on Excision of the Hip-joint, and the debates to which they have given rise, are quite recent; they closed the year's work of a Society in which it must be confessed surgery has for some years past had the lion's share of attention. Dr. GOODHART'S remarkable case of Keloid following small-pox, Dr. MACKENZIE'S paper on Molluscum Fibrosum, and Mr. G. LAWSON'S case of Cancer of the Breast following Eczema of the Nipple, are also of value; and one interesting fact in the past year was the vigorous attack by Mr. BRODHURST upon the practice of osteotomy for the remedy of genu valgum, and his advocacy of prolonged instrumental methods.—At the Obstetrical Society Dr. WEST gave up the president's chair to Dr. PLAYFAIR, and the usual work of the Society has been increased by a prolonged debate on the use of the Forceps and its alternatives in lingering labour. It was opened by Dr. R. BARNES, and a large number of metropolitan and country Fellows shared in it. Recently a valuable special report on an experimental inquiry into the methods of Transfusion, by Prof. SCHAEFER, F.R.S., was received and discussed at this Society.—The presidency of the Medical Society has fallen to Dr. COCKLE in succession to Mr. ERASMUS WILSON. Papers on Congenital Heart Disease by Dr. SANSOM, on Epilepsy by Dr. GOWERS, and Renal Inadequacy by Dr. ANDREW CLARK, were the chief medical topics here treated; whilst Operation in Osteitis by Mr. BRYANT, and the Treatment of Ununited Fracture of the Patella by Incision into the Joint and Wiring the fragments together, by Mr. ROYES BELL and Mr. WM. ROSE, are the chief of surgical interest. A Committee of this Society was appointed to inquire into the subject of Arsenical Wall-paper Poisoning. The Lettsomian Lectures were given by Dr. THOROWGOOD, who chose for his subject that of Bronchial Asthma.—Mr. ED. OWEN has given the Harveian Lectures at the Harveian Society this year, on the Surgery of Children.—The Epidemiological Society has been occupied with such subjects as the Etiology of Autumnal Diarrhœa by Dr. JOHNSTON, the Causes of Cholera in India in 1876 by Mr. R. LAWSON, Vaccination by Dr. CORY, and the Filaria Sanguinis Hominis in relation to Endemic Diseases of India by Sir JOSEPH FAYRER, who also succeeded Surgeon-General MURRAY as President.—The foregoing summary serves to show what have been the topics uppermost in the medical mind during the year, for the Societies are not only often the origin, but are also the reflex of prevalent opinion.

The Medical Council met for its twenty-eighth session on March 22nd. The meeting seemed to be timed so as to coincide with the discussion of the Government Medical Bill in the House of Lords. For a while the Council was at a loss how to spend its time. It then fell back on the never-failing subject of the Medical Bill, and discussed that or the alterations in it. The meeting was a timid, discreditable one. The only justification for meeting at that particular time of the year—for a later meeting was inevitable, as we shall see—was the undertaking of the Council in the previous year to have a report prepared by the Executive Committee on the constitution and working of the General Medical Council, which report was intended to guide the Government. But when this report appeared it was evidently not such as could afford any assistance to the Government. It contained little in the way of positive suggestion, and even from this little two or three members of the Executive Committee dissented, on the ground that the Government intended to have a committee to inquire into the subject. The argument was good, but the Council had themselves to blame for it. They had so deferred the revision of their own constitution, and displayed such an inability to see any imperfection in it, that nothing remained but for the Government to take the matter into its own hands. The inconsistency of the Council had a striking demonstration at the meeting. Mr. MACNAMARA, with characteristic frankness, moved that the Council now fairly represents the profession. His own hand was the only one held up for such a proposition. And yet this Council of the twenty-four leading members of the profession would not pass a resolution to indicate the necessity for any change. After sitting eight days at a great cost, the Council rose. The expiration of Dr. ACLAND'S term of office occurred later in the year, and in July it was necessary to elect a chairman. The members of the Council again assembled in July to appoint a chairman. They again reappointed Dr. ACLAND, who, it must be allowed, too well represents the Council as at present constituted.

For the time being the Medical Council is in a state of *paresis*. Government introduced, or, rather, reintroduced, its Bill for amending the Medical Acts into the House of Lords on Feb. 25th, with clauses making compulsory what the Bill of the previous year left optional—viz., the conjunction of the examining bodies in the several divisions of the kingdom. In laying his Bill on the table the Lord President expressed a belief that it would be allowed to pass, and, with a view of conciliating opponents, promised that the question of the constitution of the Council should be dealt with by a Committee of Parliament. Further, in committee, he agreed to one or two amendments, which greatly add to the value of the Bill. He agreed to the amendment of Lord EMLY to make the Council responsible for examination rules, and promised to see how far equality of fees and all other conditions of examination could be secured in the different divisions of the kingdom. But a greater concession was to come from the Government, despite a few words of a slightly minatory tone from his Grace. The second reading of Dr. LUSH'S Medical Bill was fixed for Monday, March 12th. Lord GEORGE HAMILTON asked Dr. LUSH to let the second reading stand over, on the promise that he was about to move for a Select Committee on the constitution of the Medical Council. Dr. LUSH assented; but delay occurred, and Mr. ERRINGTON and others, impressed with the desirableness of enlarging the reference to the Select Committee, interposed with a question and amendments. Lord GEORGE HAMILTON, on May 12th, agreed to such a reference of all the amendments, and virtually of the whole question of medical reform, to a Select Committee. The Committee was duly

appointed, and Mr. W. E. FORSTER was chosen as chairman. The fate of medical reform rests now very much with this Select Committee. Before the end of the session they examined eight witnesses—viz., Dr. ACLAND, Mr. SIMON, Dr. QUAIN, Dr. WATERS, Dr. GLOVER, Sir JAMES PAGET, Sir DOMINIC CORRIGAN, and Dr. HAUGHTON. Their work is incomplete, and we must wait till another session. Meantime it has been made evident that the Council works very inefficiently and expensively, and a majority of those examined, even of the members of the Council, see no objection to a larger representation of the general body of the profession on the Council. We shall only notice two other Bills which came before Parliament — one, the Coroners Bill, which, too, was referred to a Select Committee; and another, the Cruelty to Animals Bill. The latter, introduced in the House of Lords, was meant still further to restrict the practice of vivisection for physiological or medical purposes; but the House of Lords rejected the Bill by a majority of 81.

Our space compels us to be very brief in our notice of Associations. The meeting of the British Association took place at Sheffield, and was ably presided over by Dr. ALLMAN, in whose hands the great subject of biology was treated with breadth and moderation. The absurdity of the views of the extreme opponents of vivisection was exposed by Dr. PYE-SMITH, and Professor RAY LANKESTER gave a suggestive lecture on Degeneration in Animal Life. The British Medical Association met at Cork on the 6th of August, under the presidency of Dr. O'CONNOR, of Cork. In an able Address in Medicine Dr. HUDSON, of Dublin, discussed chiefly the merits of LAENNEC. Dr. ANDREW CLARK delivered himself of suggestive views on Medical Education, the Present State of Therapeutics, and Experimental Inquiry. The Mountain-air Treatment of Phthisis led to a warm discussion. Dr. RICHARD NORRIS demonstrated a third corpuscular element in the blood. Dr. ANDREW FERGUS, of Glasgow, contributed a valuable paper on Sanitary Medicine. A principal feature of the meeting was the Address in Surgery of Mr. SAVORY. It had been known beforehand that Mr. SAVORY would deal critically with the claims of antiseptic surgery, and of Mr. LISTER in particular. His address was eloquent and able, but it has not lessened the interest of the profession in antiseptic surgery, as recent meetings in London have shown. The fifty-second annual meeting of German Naturalists and Medical Men took place at Baden-Baden. Mr. SPENCER WELLS was present, and received marked attention.

The Epidemiological history of the year is remarkable in that plague, after having disappeared from Europe for a period of thirty-eight years, appeared on the Continent again; or rather we should say that in this year, at the beginning, the reappearance of the disease was reported. For it is now known that the malady had shown itself in the autumn of the previous year. The scene of this reappearance was a Cossack village on the river Vloga, province of Astrakhan, about 150 miles distant from the city of that name. There the disease broke out with great virulence, carrying off about a fifth of the population. It manifested itself in neighbouring villages, but its prevalence was limited to a very small district of the country, lying on both sides of the river. The appearance of this formidable malady in Europe once more was not unexpected. Since the revived activity of the disease in the Levant, Mesopotamia, and Persia, in recent years, more than one observer, from a study of its movements, had come to the conclusion that it would probably show itself in Europe again. Mr. NETTEN RADCLIFFE first called attention to this probability, and afterwards Professor HIESCH, in Germany, and both had in view the prevention of panic arising from the reappearance of a malady to which so much popular traditional horror attached. Their cautionary observations were, however, wholly unheeded. Hardly had the rumour of the appearance plague in Eastern Europe spread, than the different governments of Europe having frontiers towards Russia, and with littorals on the Black Sea and the Mediterranean, vied with each other in inciting their peoples to panic. All the old-time preposterous measures of quarantine against plague were revived both by sea and by land, the important experiences of the malady gained in the East during the last twenty years were utterly ignored, and a beginning effectually made of a general dislocation of society, from which Europe was only saved by the disease not extending beyond its seat on the Volga. Strange to say, even the English Government succumbed to this infection of alarm. The Privy Council—the central quarantine authority of the kingdom—superseded the Local Government Board, the central public health authority, and announced in Parliament its intention to revive in its integrity quarantine against plague; and the Royal College of Physicians eagerly accepted the position of becoming the medical adviser of the Privy Council in such matters as were referred to it! Consistently with the sort of intelligence which governed the whole of this sort of action, all the measures actually carried into effect here and elsewhere were put into operation after plague had ceased in Russia. As part of these measures, the Privy Council, with the advice of the Royal College of Physicians, despatched a medical commission to the infected district on the Volga, which left England after the Russian official report of the cessation of plague there had appeared in the daily papers. The commissioners appointed were Surgeon-Major COLVILL, the civil surgeon at Bagdad, and Dr. F. J. PAYNE, of St. Thomas's Hospital. Since the outbreak on the Volga, plague has been more or less prevalent in a mountainous district of Western Arabia, near the sea coast, and its presence has been rumoured in Persian Kurdistan.—Yellow fever again gave rise to great anxiety in the valley of the Mississippi, the active relics, as it appeared, of the great outbreak of the previous year. Largely owing, perhaps, to the alarm occasioned by that outbreak, the United States Legislature passed an important Bill for the formation of a National Board of Health. This Board has been formed, and is now in operation, with advisory functions extending throughout the States, and co-ordinating functions, so far as the littoral is concerned and the organisation of protection against the importation of foreign diseases in the country.

In India the interest in sanitary matters seems ever to increase. The contributions to the sanitary literature of that country during the year were very notable, especially the additions made by TOWNSEND, BRYDEN, J. M. CUNINGHAM, D. D. CUNNINGHAM, T. R. LEWIS, &c. In this

connexion it is interesting to note the induction of Sir JOSEPH FAYRER, M.D., K.C.S.I., to the presidential chair of the Epidemiological Society of London, in succession to Surgeon-General JOHN MURRAY, M.D., the Nestor of the Indian Medical Service.

The Sanitary legislation of the past session (1879), although giving birth to no large measure, was not unimportant. It effected much needed improvements of detail in the Artisans and Labourers' Dwellings Act and the Labouring Classes' Lodging-house Act; it amended a grave defect in the Sale of Food and Drugs Act, relating to the words "prejudice of the purchaser," &c. The chief interest of the legislation, in its sanitary aspects, consisted, however, in the provisions made in several Acts relating to infectious diseases. An Act relating to Poor-law (Amendment Act, 1879) authorised rural authorities to transfer from themselves as guardians, to themselves as sanitary authorities, buildings which they possessed as guardians, but which they could conveniently use for the isolation of infectious diseases as sanitary authorities. Another provision gave power to the sanitary authorities of the metropolis to contract with the Metropolitan Asylums Board, a Poor-law authority, for the admission of cases of infectious disease into their hospitals. It has been objected to these two provisions that they are framed upon entirely different principles, principles counteractive of each other. But it seems unreasonable to exact or expect uniformity of principle from a Government department, the Act in this case being promoted by one; unless in so far as expediency may be called a principle. Several local Improvement Acts were passed containing provisions for the limitation of infectious diseases. The provisions were chiefly directed to the discovery of infectious disease; but in two instances (Blackburn and Derby) much more than this is provided for. The Acts here referred to, in addition to the two towns mentioned relate to Llandudno, Warrington, Blackpool, Norwich, Rotherham, Leicester, and Edinburgh.—One of the most important events of the year, in relation to the public health, was the discovery by Mr. W. H. POWER, one of the medical inspectors of the Local Government Board, that a serious outbreak of diphtheria in North London had some definite relation to a particular milk-supply. This discovery is probably destined to elicit important additional information as to the prevalence of diphtheria among the lower animals, and the relations of the brute malady to man.—As we are now writing, the profession is being much agitated by a discussion of the relative values of vaccination performed with humanised and with heifer lymph. A prolonged conference on the subject organised by the Parliamentary Bills Committee of the British Medical Association is in progress, and is not likely to conclude until after this impression of THE LANCET has been published. So far as the discussion has proceeded, professional opinion has been much modified as to the value of "animal vaccination" so called, and its promoters claim for it only a modest auxiliary part in the vaccination arrangements of the country.—The vexed question of the Hampstead Hospital is still not settled. On an appeal being made for a new trial, this has been granted, subject to a certain condition. If the trial should take place, the question, in accordance with the decision of the presiding judge on appeal, will have to be argued upon what we may call its public-health aspects. It is much to be desired, in the interest of sanitary administration, that the new trial may take place.

The most important event of the year, in connexion with the Army Medical Department, has been the promulgation of the long-expected Royal Warrant, by which the objectionable ten-years' system of service of medical officers has been abolished, the new grade of Brigade Surgeon been instituted, and various important alterations in the conditions of service been introduced. It is to be hoped that under its operation the popularity of the department may be restored, and an adequate supply of well-qualified candidates come forward to maintain and add to its reputation. Two other events, redounding greatly to the credit of the department, well deserve a place in the records of the year. The first is the very successful manner in which the duties were carried out in the Afghan campaign, and the arduous, efficient, and meritorious services rendered by the medical officers on the return march to Peshawur. These were handsomely acknowledged by the Commander-in-Chief in India, in a General Order communicating to them the thanks of the Governor-General in Council. The other is the able manner in which the medical duties were performed under circumstances of great difficulty and danger in Zululand, and which were, though somewhat tardily, publicly recognised by Lord CHELMSFORD. Unfortunately, both these events were attended with the loss of several valuable medical officers, whose services reflect honour upon the department and deserve to be had in grateful remembrance by their country. The heroic conduct of Surgeon-Major SHEPHERD, who lost his life in endeavouring to save that of another, may well inspire us with a feeling of pride; while the gallant services of Surgeon-Major REYNOLDS at Rorke's Drift show with how little justice the term "non-combatant" has been affixed to our professional brethren in the army.

Special Commissions of THE LANCET have given consideration to Distress in London, and the Social and Hygienic Condition of Organ-grinders in the City.

Every year seems specially unkind in the deaths which it brings about, but we do not remember a year in which the deaths of valued members of the profession have been so numerous as in this. Our obituary columns have recorded the deaths of many men who by their professional wisdom have earned the respect of communities, sometimes of governments, and, in not a few instances, of men whose death creates in ourselves a sense of personal loss which cannot be expressed. We can scarcely do more than enumerate some of them—viz.: Mr. THOMAS WALTER EVANS, of Liverpool; Mr. HENRY J. TYRRELL, F.R.C.S.I., Dublin; Dr. HENRY MAPLETON, Inspector-General; Dr. R. J. BLACK, of Highbury; Dr. GURNEY, of Nice; Dr. HERMAN BRIGEL, of Vienna, formerly of the Metropolitan Free Hospital; Mr. W. T. HURD WOOD, of the Union Company Line; Mr. E. HOLLAND AMBLER, of Hemel Hempstead; Dr. MACROBIN, of Aberdeen; Dr. B. F. MCDOWELL, of Dublin; JOHN EVANS, M.B. Lond.; Mr. ARTHUR ADAMS, R.N., zoologist, artist, and more; EDWARD LEDWICH, F.R.C.S.I., Dublin; Mr. CHARLES LARKIN, of Newcastle-on-Tyne; J. G. REID, M.D., Cape of Good Hope; Mr. JOHN MELVILLE, medical student (of typhoid fever in Edinburgh Infirmary); Dr. CHARLES O'REILLY (late of Dublin) in South Australia; R. T. WOODHOUSE, M.D.,

aged eighty, Reading; CHARLES MURCHISON, M.D., F.R.S.; GEO. MACKAY, M.D., R.N., Inspector-General of Hospitals and Fleets, Sir Gilbert Blane medalist, and of the fifth class of the Order of the Medjidie; Surgeon-Major W. H. JAMESON, M.D., Army Medical Department; FRED. JOHN BROWN, M.D. Lond. & Edin., F.R.C.S. (Exam.), of Chatham; Mr. CHARLES BROOKE, F.R.C.S., F.R.S.; WILLIAM STUART, M.D., of Woolwich; ALFRED MARKHEIM, M.D. Paris; Dr. JAMES DAVY RENDLE, of Clapham Park; Dr. WILLIAM TILBURY FOX; LUTHER OWEN FOX; JOHN COATS, M.D. Glasgow; Mr. JOSEPH LAIDLER, of Stockton; CHARLES FREDERICK MAUNDER, F.R.C.S.; Mr. WILLIAM APPLETON WOODS; Mr. RALPH HOLT KAYE, of Radcliffe Bridge; Mr. CLEMENT WILLIAMS (of typhoid), formerly agent to the Chief Commissioner of British Burmah at Mandalay; Dr. VACY LYLE, at Prætoria; Dr. HENRY YOUNG, F.R.C.S., aged ninety-three, and on the medical staff at Waterloo; Dr. BURKE, Registrar-General for Ireland; Dr. JOHN WALLACE, A.M.D. (of cholera at Lundi Kotal); Mr. HENRY A. C. GRAY, I.M.S.; Dr. JAMES BROAD, of Mitcham; Mr. T. B. HAY, formerly in hard practice at Islington, and at his death Lecturer on Materia Medica in New Zealand; Mr. THOMAS TATUM, F.R.C.S.; Dr. JAMES GORDON INGLIS, C.B.; JOHN GIBSON FLEMING, M.D., of Glasgow (of typhoid); PATRICK BLACK, M.B. Oxon.; ALFRED MUNGLE, M.D. (of typhoid), at Sunderland Infirmary; Mr. CROSBY LEONARD, of Bristol; ARTHUR LEARED, M.D. (of typhoid); Inspector-General W. T. DOMVILLE, M.D., C.B.; GEORGE WILLIAM CALLENDER, F.R.C.S., F.R.S.; Dr. AMÉDÉE DEVILLE; THOS. RICHARDSON COLLEDGE, M.D.; Professor A. H. GARROD; HARRY LEACH, M.R.C.P.; SOELBERG WELLS, M.D., F.R.C.S. Eng.; JOSEPH CHILTON, L.S.A.; Dr. STEWART, of Dublin; Mr. RICHARD THOMAS TASKER, of Melbourne, Derbyshire; Dr. MACLURE, &c. &c. It would probably be difficult, in mentioning such a number of names out of any other profession, to suggest so much character, so much peril, so much adventure and hardship, and so much hard work, as is covered by the above list, which includes not a few with whom our relations were very intimate and much prized. It is painful to notice how many died of disease that we must regard as preventable, such as typhoid, cholera, &c. THE LANCET of Sept. 20th noted the death of eight doctors in the front at Afghanistan, five of cholera, which is but a specimen of the part that our profession has been lately playing in the disastrous wars for which this year will be long remembered.

We must close, though leaving much unsaid that we should wish to say. We should gladly have devoted a column to facts in medical history which can scarcely be included under any of the recognised heads of our summary, but which creditably distinguish the year. We can only indicate the kind of facts. Sir WILLIAM JENNER showed his recovery from a severe attack of whooping-cough—the only one he ever had, though exposed to it all his life—by an address on the Treatment of Typhoid Fever, delivered before the Midland Medical Society of Birmingham on Nov. 4th, 1879, which for its evidence of refined observation, its medical wisdom, and its clearness of expression, will take its place in the classics of medical literature. By Sir WILLIAM'S favour we were enabled to publish it in full, and with his own corrections.—English medical journals have never been behindhand in recording the progress of Helminthology, to which our own brethren have so much contributed. It is not less so this year, and the columns of THE LANCET have been the medium of many important communications on this subject by Sir JOSEPH FAYRER, Dr. COBBOLD, Dr. BANCROFT, and others. The appearance of Dr. T. SPENCER COBBOLD'S octavo volume on "Parasites, a treatise on the Entozoa of Man and Animals," constitutes a notable event in the history alike of medicine and natural history, and is a noble monument to the devotion and enthusiasm of its author. We have only room for one more event in illustration; it is the apparent demonstration by Dr. BELL, of Bradford, that the fatal cases of "Woolsorters' disease," seen too frequently in that town, are really due to infection by living organisms derived from animals that have died from *anthrax*. Dr. BELL states that myriads of bacteria (Bacillus anthracis) can be detected in the blood of persons suffering from the disease; and he informs us that, if a small quantity of such blood be injected under the skin of a rabbit, guinea-pig, mouse, &c., the animal continues to be well for about two days and then becomes ill, breathing being impeded, and dies within a few hours. Again, a speck of blood from one of these animals, inserted under the skin of another rabbit, was more rapidly fatal, and its blood, in turn, after death, was found to swarm with bacilli. These germs in wool can be easily destroyed by heat and other disinfecting means. Such work as we have indicated in these facts raises the reputation of medicine, and secures for it the respect alike of common and of scientific men. May the year that is to come be more happy and peaceful, less fatal to our brethren, and full of advancement for medicine and all arts that contemplate care of life.

Annotations.

"Ne quid nimis."

PROPOSED MEDICAL CONGRESS.

THE Presidents of the Colleges of Physicians and Surgeons have, it is understood, entered into communication with the governing bodies of the principal Universities and Licensing Corporations, with a view to determine the expediency of holding a Medical Congress in 1882.

THE WINTER IN THE SOUTH OF FRANCE.

THE so-called "sunny South" has not been exempt from the rigours of this exceptional winter, as the invalids who have sought a balmier climate have discovered to their cost. From San Remo we hear of snow, of frost-bitten flowers, of the destruction of gardens among which patients were wont to sit during the sunny afternoons of the long winter months. The Princess of Monaco was buried during a snowstorm, a train to Nice is reported to have been blocked by the snow, and snow has fallen for the first time during the last quarter of a century at Bordighiera. As for the less sheltered districts of Provence, the intensity and duration of the cold have been unprecedented. Last year was rigorous, and the year of the war 1870-71 was most trying, but this year at Aix, the capital of Provence, there have been twelve days of consecutive frost, from Dec. 5th to the 17th, and it was also freezing from Nov. 30th to Dec. 3rd. Yet Provence

is supposed to experience on an average only five days of frost per annum, and this, together with the freedom from damp, mists, or rain, accounts for the renown of its climate. But this year not only has the cold been of unwonted duration, but its intensity has been equally surprising. One of our correspondents, writing from Aix, states that, according to J. H. Steward's portable minimum thermometer, the temperature went down to 11·50° F. during the night of the 9th to the 10th December, and to 14·50° on the two ensuing nights. Nor were these observations taken on the grass, but outside a first-floor window. In London, on the 7th instant, the thermometer went down to 13°, and this was the coldest day. On the other hand, while the intense cold prevailed in Provence, there was a bright blue sky and a powerful sun. During the whole time the snow remained unmelted in all shady spots, while a thermometer exposed at a few yards' distance from the hard crisp snow, but in full exposure to the sun, would frequently run up to 60°. The transitions that this involved were most trying; and though, according to our last advices, the thaw had set in and the weather was more worthy of the reputation of Provence, the winter is not yet half over. There may still be further trials in store for those who, in the climate of the south, imagined they would be able to avoid the danger of winter.

THE ZULU WAR—SECCOCOENI EXPEDITION.

OUR medical correspondent in Natal sends us a sketch of the medical arrangements for the expedition against Seccocoeni, organised by Colonel Baker Russell, under the personal direction of Sir Garnet Wolseley. Fort Webber having been selected as the principal rendezvous of the troops, the movable field hospitals have been concentrated there. These are completely equipped for 200 beds. In addition to the medical staff already with the corps marching for the Fort, a reinforcement of six medical officers from Pietermaritzburg, with one officer and sixty men of the Army Hospital Corps, are under orders to join the force without delay. Ambulance-waggons (drawn by mules and oxen), pharmacy and surgery waggons have been provided, and Dr. Hector's brave company of mixed Europeans and natives is in working order. By the direction of Deputy Surgeon-General Woolfreyes, C.B., a base hospital has been established at Middlesburgh, equipped for 100 beds; and some buildings have also been hired for hospital accommodation, to supplement the tents and for serious cases. Two of the trained Netley nurses, under Lady Superintendent Mrs. Deebles, have been despatched from Pietermaritzburg, for duty in the base hospital.

EXCISION OF THE HIP.

MR. CROFT merits high praise for the manner in which he opened the adjourned discussion on excision of the hip at the last meeting of the Clinical Society. Not only did he show a large number of his cases, but, owing to the exceptional pains he has taken to follow up his cases after leaving his care, he was able to give most precise information as to the ultimate results of the operation. The merit of the statistics was also some drawback from the point of view of the discussion; for they were so precise and so thoroughly analysed that it was impossible to deal with them at the moment. But when published in full they will prove of great service to surgeons. We agree with Mr. Lister and others in thinking that our hospitals sadly fail in their object if in them cases of morbus coxæ have to be submitted to excision of the joint, which in private practice could be treated successfully by milder measures. Putting this question aside, the real issue springs from the answer to the question, In what ways do cases of morbus coxæ terminate fatally if untreated? The answer is that, exclusive of unusual circumstances, they are fatal from hectic, or albuminoid disease, the well-known result of prolonged suppuration, or from that far less understood malady, general tuberculosis. In what way, then, can excision of the joint prevent either of these terminations? As all who took part in the discussion agreed, it is obviously of use in cases of necrosis or of intractable suppurative ostitis, where nature is unable to rid herself of the irritating cause of the exhausting discharge; though sequestra of the head of the femur have been known to escape naturally through a sinus. For this application of the operation it is obvious we must not interfere early, but wait until the conditions we have named are clearly established. But does the operation hold out a good prospect of freeing the patient from the danger of tuberculosis? Mr. Croft stated that, in his opinion, morbus coxæ most often began as ostitis, which was frequently tubercular. If so, he will no doubt admit that it is but the local expression of a general malady, and the removal of the head of the femur in no way removes the disease; nor can he be sure that he takes away the whole local affection—he may leave behind miliary tubercles in the cancelli of the great trochanter. If, on the other hand, the general tuberculosis be considered due to infection from a focus of caseous ostitis, its removal might be advisable. Yet we cannot but submit that this infection is wanting of proof in man, and that, if occurring, it is an event of great rarity in proportion to the immense frequency of caseous deposits in various tissues and organs. It is of such rarity that surgeons have not yet seen fit to remove caseous cervical glands *for this reason alone*, and much less are they prepared to remove every case of marked disease of the head of the femur. We may further object that Mr. Croft's own statistics seem to show that the operation fails in this respect; many of his cases ultimately fell a prey to tuberculosis, though we have no precise means of judging whether it was a larger or a smaller proportion than would have been so affected if excision had not been performed. All who saw Mr. Croft's cases will admit that his results in them were good, and he has clearly shown that his deaths were *after* but not *from* the operation; but he has not shown that his recoveries could not have been obtained without excision, and we think surgeons will hesitate before accepting the rules of practice he has laid down for his own guidance.

THE PARKES MUSEUM OF HYGIENE.

THE Committee of the Parkes Museum and the Council of the Working Men's Club and Institute Union have arranged for a series of demonstrations to working men on Saturday afternoons, commencing on January 3rd, when Professor Corfield will explain the uses of the many appliances connected with House Drainage, which are in the Museum. The subsequent demonstration will be on the following subjects:—"Ventilation, Lighting, and Warming," by Professor Corfield; "Food," by Dr. G. V. Poore; and "The Hospital and the Sick Room," by Dr. J. C. Steele.

FOREIGN PRACTITIONERS IN EGYPT.

DR. NÉRONTSOS BEY, President of the Egyptian Sanitary Authorities, has just issued a special and official notice recalling the laws and regulations affecting foreign practitioners in Egypt. Without entering into details we will briefly mention that any doctor, surgeon, accoucheur, veterinary surgeon, dispensing chemist, or monthly nurse belonging to any foreign nationality, must forward his or her diplomas, certificates, and all other documentary evidence of technical knowledge and practical experience to the central office of the sanitary authorities (*L'Intendance Générale Sanitaire*) at Alexandria, through the intermediary of his own consular authority. After verification these documents

will be returned through the same official channel and the name of the applicant inscribed on the Egyptian register, and then only will be accorded the right of practising in Egypt. The names must also be printed in the official lists, which at the beginning of each year are forwarded to the different consular authorities, the sanitary authorities, and all dispensing chemists.

ADHESION OF THE VOCAL CORDS AFTER TRACHEOTOMY.

DR. JULES BOECKEL showed, at a recent meeting of the Société de Médecine of Strasburg, the larynx of a child on whom tracheotomy had been performed for diphtheria. The patient recovered, but it was impossible to withdraw the cannula, suffocation being threatened on every attempt to do so. Some months later the child died of scarlatina. The pathological specimen showed that there was an adhesion of the two vocal cords in their entire extent except at one point, where an opening remained scarcely admitting the point of a probe. Dr. Boeckel believed that the union of the vocal cords was due to the agglutination of the abraded surfaces after the elimination of the pseudo-membranes.

DR. BOURKE.

THE *Bombay Gazette* of the 24th November states that a court of inquiry assembled at Cabul last month to investigate the charge of cruelty against the 72nd Highlanders and the Ghoorkas at the battle of Charasiab, made by Surgeon-Major Bourke in the *Lahore Civil and Military Gazette*. The Court's proceedings will be sent to the Commander-in-Chief at Simla, and the decision not made public for some time. Meantime, Surgeon-Major Brooke has, by Sir Frederick Roberts's orders, been relieved from his duty in the camp at Shurpur, and sent back to India in charge of a party of invalids. The 72nd are highly indignant at a slur of such inhuman barbarity as setting fire to a wounded enemy being allowed to rest for one moment on their name; and it is satisfactory that an official denial has been given by Dr. Bourke, who disclaims any intention of having implicated the 72nd in his letter to the *Civil and Military Gazette*.

HAMPSTEAD HOSPITAL.

THE Court of Appeal gave judgment on the 18th inst. in the case of Hill and others *v.* the Metropolitan Asylums Board (the Hampstead Small-pox Hospital case), on an appeal of the plaintiffs from the decision of the judges of the Queen's Bench Division, setting aside the verdict given at the trial in their favour and directing a new trial. The judgment of the Court of Appeal, delivered by Lord Justice Bramwell, affirmed the judgment of the judges of the Queen's Bench Division, and directed a new trial on the condition of defendants paying the costs of the former trial, because the miscarriage, the Court held, was caused in a great degree by their conduct in excluding certain evidence. The counsel for the hospital asked for time to consider of an appeal to the Lords, and two months were allowed for them to decide whether they will appeal or acquiesce in the judgment now given, either yielding to the verdict or paying the costs of the first trial.

THE EXAMINATION FOR THE ARMY MEDICAL DEPARTMENT.

MR. F. ROWLAND BARKER, who came out first at the recent competitive examination for the Medical Service of the Army, is the son of Dr. E. J. Barker, of Aldershot. Mr. Barker was educated at St. Thomas's Hospital, and is an M.B. of the London University. He served with the Turkish Army, under the Red Cross, in the Servian Campaign, and later in the Russo-Turkish War of 1877-78.

SURGEON-MAJOR JOHN BY COLE READE, Army Medical Department, has been appointed Recruiting Medical Officer of the London District, *vice* Surgeon-Major D. A. C. Fraser, M.D., whose tenure of the appointment has expired. Mr. Reade, who served for many years in the Rifle Brigade, has recently returned from Afghanistan, where he had charge of a field-hospital during the late campaign.

WE are glad to observe, in the *Gazette* of the 18th inst., that Deputy Surgeon-General Woolfreyes, C.B., the Principal Medical Officer at the Cape, has been made a Companion of the Order of St. Michael and St. George. His name was not included in the recent distribution of honours for service in the late campaign in South Africa, apparently because he was already a Companion of the Order of the Bath.

SURGEON E. J. MULLIGAN, lately returned from South Africa, where he had been engaged with Her Majesty's troops, has been decorated by the Sultan with the Order of the Medjidie (fourth-class) and the Military Medal, in recognition of services rendered in the hospitals of Batoum and with the Ottoman troops in Asia Minor during the late Russo-Turkish war.

A RULE *nisi* has been granted for a new trial in the action of Nowell *v.* Williams.

CHARCOT ON THE PATHOLOGICAL ANATOMY OF PULMONARY PHTHISIS.

(Continued from page 815.)

B. Softening of Tubercles; formation of Pulmonary Cavities.—MM. Charcot and Richer have studied anew the mechanism of the formation of pulmonary cavities. But, in the first place, how is softening of tuberculous matter brought about? Rindfleisch suggests that the dried albuminoid matters undergo, after a time, a change, whereby from being insoluble they become soluble. They attract water from surrounding parts, and softening thus takes place, which has nothing in common, it will be seen, with suppuration. Without any admixture of pus, caseous material breaks up, and the dissociation leads to destruction of the elastic framework. Communication with the bronchi is thereby established; the softening caseous material may pass into the air-passage, where it mixes with the muco-purulent products there accumulated. The softened caseous matter, mixed with elastic fibres and with muco-pus of concomitant bronchitis, is evacuated by expectoration, and leaves behind it an empty space—an excavation—a cavity.

The details of this process of excavation must be studied more deeply. In the first place, a prime element must be considered, the importance of which has been especially exaggerated, but which certainly takes a share in it—viz., dilatation of the neighbouring bronchi. This dilatation, in fact, very commonly precedes the formation of cavities. Carswell, Reinhardt, and Wagner have gone so far as to aver that excavation was alone due to bronchial dilatation, and that destruction of the pulmonary parenchyma did not enter into this at all. That certainly is going too far. According to Rindfleisch and Grancher it would be the rule to meet with a certain degree of dilatation of the bronchi leading off from the caseous foci. This dilatation would result from many conditions tending to the same end. On the one hand the inflamed bronchial walls have lost their resistance; on the other hand the inspiratory effort is concentrated, especially on the walls of those bronchi, at the extremity of which the vesicular expansion is no longer placed. Without a doubt dilatation exists and may be explained in the manner just stated; but the fundamental condition for the production of cavities is the invasion and destruction of the bronchial walls by the tuberculous new growth. When the caseous tubercle is poured into the bronchus this is already transformed into a cylindro-conical or ampullary cavity; it

forms a sort of vestibule to the vomica, and thus partly enters into it.

It remains to learn how the softened caseous matter comes into communication with the previously dilated neighbouring bronchi. On this point it is easy to make out that the formation of cavities, from the commencement to the end of the process, has nothing in common with pneumonia, contrary to the opinion of Cruveilhier. Imagine a miliary tubercle to be developed primarily around a bronchiole, and to have invaded the walls of a neighbouring acinus; the bronchial wall being thickened by the new formation, the bore of the tube is narrowed; it is already filled with products of exudation or of catarrhal proliferation, and it is finally obliterated. At a certain time the catarrhal mass, the bronchial wall itself, the acinus wall also, undergo caseation, and the softened matter is passed into the bronchial tube higher up, which, as has been said, is more or less dilated. Then follows a small excavation occupying the place of the bronchiole and acinus, and of which at first only débris remains, and soon not even that. The satellite artery, obliterated by vegetating endarteritis, and readily recognisable by its elastic coats, is made out near the central part of the tuberculous neoplasm in the vicinity of the small excavation, as if to testify that there a bronchus once existed. Thus are formed small primitive cavities, which may be called *acinous cavities*. One sees from its mode of formation that the acinous cavity is formed on the plan of disposition of the bronchi. Its walls are sinuous, and it might readily be taken for a bronchial dilatation. It must here be noted that pus produced in the bronchus may flow back into the cavity; but this must not be taken as a proof of the intervention of the phlegmasic process in the formation of the cavity.

Several acinous cavities may communicate together; the whole lobule may in some way be thus emptied through the bronchus. The union of many acinous cavities forms lobular cavities, which involve a whole lobule. Lastly, it is easy to understand how several lobular cavities, by the advance of caseous destruction, give rise to multilobular cavities, thence to lobar cavities, occupying the whole or part of one lobe of a lung. The large cavities have sometimes smooth walls, apparently lined by a whitish membrane; but more often they are anfractuous. Microscopical examination shows that, as a rule, they are divided into larger chambers, which are themselves divided into small cells. The large cells are separated by thick bands, which most frequently are not completely detached from the cavity. The small chambers, on the contrary, are separated by small bands often completely free in the interior of the cavity, and only adhere to these walls by their extremities. The anatomical division of the lung which M. Charcot has made into the large connective areas and the small areas, accounts for the presence of these two kinds of septa, and allows one, in a certain measure, to predict their structure. Microscopical examination made on transverse sections confirms this prediction. The large septa represent the large pulmonary areas—that is to say, the connective-tissue spaces which accompany the divisions of the bronchi, pulmonary arteries and veins, until the last-named diverge from the rest to enter the interlobular spaces. The small septa are the last vestiges of the interlobular spaces, the connective tissue of which only conveys a single order of vessels, the branches of the pulmonary veins.

The whole mechanism of the formation of cavities is conceived then perfectly without the intervention of a true pulmonary inflammation. In the walls there is no trace of the phlegmasic process; in the cavity caseous detritus, fragments of pulmonary tissue, a little pus which, in contact with air, is easily transformed into an ichorous liquid, more or less fetid. It is now that the phthisis has reached that clinical period characterised especially by hectic fever at its maximum. It is a fever of oscillation; the temperature is often slightly raised in the morning, but attains in the evening 40° and 41° C. This thermic curve cannot be explained by the existence of a pneumonia; it is perfectly explained by putrid infection.

C. Period of Repair.—When the caseous material has been completely evacuated, it is replaced by a coating of embryonic tissue, beneath which true granulations spring up. The subjacent pulmonary tissue is gradually transformed for a variable depth, and is in a state of chronic inflammation. This is a healing cavity, the *quiescent excavation* of the English authors Williams and Powell. If there be no other advance of tuberculous softening, the general state is improved; there is a quasi-cure. The true healing cavity is a cavity lined throughout by organised fibrous tissue, changed into a real air-sinus—to use Cruveilhier's expression. When there is no other lesion in the lung than this sac, where all the embryonic parietal tissue has become fibrous tissue, the febrile state is completely abolished. In twenty cases of this kind quoted by Williams in his article published in 1875 (Med. Trans.), not only was fever absent, but the temperature was below the normal level. The surface of the cavity therefore presents a series of successive transformations.

In *quiescent excavation* it exhibits, like suppurating wounds, vascular loops projecting in the midst of a firm connective tissue composed of true but very small granulations (*bourgeois charnus*). It gives rise to the more or less abundant formation of leucocytes which enter into the composition of a liquid having sometimes all the characters of pus, sometimes concreted into a thin greyish layer, beneath which is found the reddened and highly vascular surface of the cavity. Gradually the granular surface is levelled, and becomes perfectly smooth; the cavity is then bounded by a more or less thick fibrous cicatricial tissue, which may even contract and no longer yield pus. Sometimes, however, as MM. Herard and Cornil have observed, new phenomena of suppuration take place on the surface of old cavities, and even the formation of tuberculous granulations, manifest to the naked eye and on microscopical examination. It is important not to mistake for a true healing cavity lesions which have only the appearance of a cured vomica. Thus we shall not consider as healing cavities, as Laennec, Cruveilhier, Williams, and Bennett have done—1, tuberculous cysts with softened centres; 2, cysts with caseous or mortary contents; 3, puckered cavities; 4, cavities the surfaces of which are clearly approximated, whether they have undergone the process of chronic inflammation or not, unless the fibrous transformation is completed.

The bronchi in these cases present changes which must be pointed out. At the commencement they stop abruptly at their union with the cavity, and their walls are sharply cut off there. But when these lesions are old, the truncated end of the bronchus becomes level with and is directly continuous by a smooth surface with the wall of the cavity.

Healed Tubercles (Cruveilhier); *Stationary Tubercles* (Charcot); *Fibrous Tubercles.*—So far, tubercle has been seen passing irrevocably into caseous mortification. However, says M. Charcot, tubercle viewed in its various forms is curable, or, at least, it may undergo such changes of texture as to transform it into an inert foreign body, incapable of harm. Such is the *healing tubercle* of Cruveilhier. It may also happen that the tubercle, arrived at a state of perfect development, remains, so to speak, stationary in the midst of organs whose texture it does not sensibly affect, without ending in mortification. Such is the *stationary tubercle* of Charcot. Lastly, it may be that a tubercle, of essentially chronic evolution from the beginning, early loses its cellular structure, and is transformed into a small fibrous tumour, without having presented the least trace of caseous material. Such is *fibrous tubercle*.

Cruveilhier had already noted that tubercles in general, pulmonary tubercles in particular, are curable at all stages of their development, and under all their forms:—1. Solitary tubercles. 2. Tubercular aggregations. 3. Pulmonary cavities. There would thus have to be considered—1, healing granulations; 2, healing tubercular aggregations; 3, healing cavities. Laennec knew well that the tuberculous affection was not absolutely incurable; but he only concerned himself with the mode of healing of cavities, and he seemed to think that the changes produced by tubercles could only be repaired after the elimination of the foreign matter. Cruveilhier showed that tubercle may be arrested in its evolution in the state of crude tubercle at a time when caseous mortification has not yet brought about the disintegration of the necrosed products. If a healing tubercle be compared with a miliary granulation, there is at first sight an identity between them. How then does this tubercle differ from the tubercle in full destructive evolution? The larger embryonic zone has undergone fibrous development—that is to say, the cellular elements of the intermediary layer have disappeared to give place to a dense tissue, composed of fibrous lamellæ in the interspaces of which hardly any cellular elements can be made out. These parts have no longer the structure which allows of caseification, which is then confined to the central

part. Vessels are developed in this embryonic zone which can only be recognised by the presence of giant cells and by its general disposition. The caseous material is, as it were, encysted. It may undergo ulterior changes, which, by the infiltration of calcareous particles, convert it into a sort of putty, and, in the most advanced degree, into a small calculus. It is no longer possible for this caseous centre to be resorbed and disappear. This encysting process is marked by a certain amount of subacute inflammatory irritation, which is communicated to the neighbouring parts; also, around this healing tubercle a whole series of alveoli occur, marked off from the rest by their thickened fibrous walls, whilst their interior is lined by cubical epithelium, just as in cases of primary broncho-pneumonic cirrhosis.

The same applies to the peribronchial tuberculous agglomerations of phthisis with bulky products. If the curative process is but slightly marked, the two stages of fibrous evolution just mentioned may be followed in the ordinarily visible embryonic zone, ending in the encysting of caseous products precisely as in the case of miliary tubercle. The following is a disposition often met with in the lungs of subjects who, after having presented signs of pulmonary phthisis, have returned to health and succumbed to some intercurrent disease. It presents the appearance of tuberculous agglomeration in full development. The caseous zone is distinct, the elastic fibres still visible; but the embryonic zone is reduced to a fibrous cystic wall. The presence of giant-cells, which persist, places the interpretation given by M. Charcot almost beyond dispute.

The mechanism of the formation of healing cavities has been discussed above.

In lymphatic glands, in the laryngeal mucous membrane, in the skin of the face (so-called scrofulous lupus), *stationary* tubercles are frequently seen. Here caseous mortification is not necessarily a fatal affair. The tubercle, arrived at its full development, whether this be an elementary or an agglomerated tubercle, persists as such, and, like a parasite, preserves the integrity of its structure. Tubercles of this kind of evolution have in general a complex and very regular structure; giant-cells, epithelioid cells, the reticulum (which caused a belief in the existence of a vestige of lymphatic organisation), are very marked.

In the *fibrous tubercle* there is no longer a partial fibrous evolution taking place in the embryonic zone, around the caseous zone, as in ordinary tubercle. But there is tubercle presenting this peculiarity, that it very early loses its cellular character, and undergoes a special evolution, transforming it rapidly into a small fibrous tumour, without there ever being the slightest trace of caseous mortification. Fibrous tubercle is not then the adult grey granulation; but it does not differ from it integrally, and in that Laennec was right. Fibrous tubercle exists under two chief forms—miliary tubercle and tuberculous agglomeration. The fibrous miliary tubercle is thus characterised anatomically. In a lung otherwise healthy, presenting at its apex the characters of fibroid phthisis, are found granulations presenting all the characters so clearly pictured in Bayle's description of grey granulations; these granulations are grouped in the form of bunches of grapes, of which the bronchi seem to represent the stalk. The nodules composing the grapes have the following composition:—Agglomeration of numerous primary tubercles, concentric disposition of zones, giant-cells often recognisable, an absolutely fibrous structure, nowhere caseous. Other nodules in the same preparation still present the embryonic structure, always with marked predominance of the intercellular fibrous substratum, without a trace of central mortification. The lung-tissue in the vicinity presents, besides, thickening of the interlobular spaces and interlobular bands; in a word, tubercle and concomitant pneumonia, everything pointing to a primitive chronic process.

There is also found, as has been said, in phthisis essentially chronic, fibrous tubercle under the form and with the characters of tuberculous agglomerations. The nodules are more voluminous. There is a peripheral fibrous zone, and a central zone equally fibrous, where, however, are to be seen traces of the artery, bronchus, and alveolar cells. But it is all fibrous—no part is caseous. M. Charcot remarks that it is very difficult to admit that the central zone, after having undergone caseous metamorphosis, has been—after the elimination and resorption of the caseous products—the seat of a reparative fibrous evolution. Caseous products cannot organise. It is most likely that the fibrous evolution takes place when the whole tubercle is in the condition it ordinarily presents: embryonic zone; alveolar walls infiltrated with cells; alveoli filled with polypiform embryonic products. If we suppose this embryonic mass to wholly undergo fibrous evolution, we shall have the representation of that which the fibrous agglomerate tubercle exhibits on microscopical examination. Where fibrous tubercle preponderates, and *à fortiori* where it exists nearly exclusively, there we have *fibroid phthisis*. The lesions of this anatomical variety of phthisis may be thus summed up: lung diminished in volume, presenting over a variable extent in its upper lobe the characters of pulmonary cirrhosis; here and there a few cavities, a few healing tubercles, but especially fibrous tubercles. The phrase "fibroid phthisis" should be reserved for cases where the induration extends through the whole, or nearly the whole, of one lobe. The process of fibrous transformation is often met with limited to a few parts of the parenchyma in all the forms of phthisis of rather slow evolution; according to Thaon, it would occur in one-third of the cases. This fibroid phthisis, to which certain tuberculous subjects seem more particularly predisposed, is not solely characterised, from the clinical point of view, by phenomena of dilatation of bronchi, but by the displacement of neighbouring organs, which may be also explained by changes that supervene in the physical constitution of the organ.

(To be concluded.)

MEDICAL CHARGES.

AT the Chelmsford County Court, on Dec. 16th, a case of some importance to medical men came before the judge, Mr. T. J. Abdy, D.C.L. The plaintiff, Dr. Nicholls, of Chelmsford, sought to recover from a merchant of London an account for medical attendance upon his wife and for medicine supplied.—Mr. T. F. Woodward, solicitor, appeared for the plaintiff, and Mr. Canday, barrister-at-law, for the defendant.—It appeared from the statements made that the defendant and his wife separated by mutual consent in February, 1879, an allowance of £13 per month being made to the lady. Later in the year she took up her residence with a lady friend at Chelmsford, and while there, in the month of October, she was seized with a serious illness. Dr. Nicholls was sent for, and he found her almost at the point of death. He continued to attend her till March, 1879, and she recovered.—Mr. Canday contended that as the wife had a reasonable allowance, which had been regularly paid, she had no power to pledge her husband's credit, and that, therefore his client was not liable for the amount sought to be recovered.—His Honour said he had only one case to guide him, and that was in favour of the husband. Professional men and tradesmen, before trusting a woman living apart from her husband, should ascertain whether they would be likely to recover from the husband. He must give his verdict for the husband, but against the wife (who had been made a party in the case).—Mr. Canday: Now that my client's non-liability has been established, he will give Dr. Nicholls a cheque for the amount.—His Honour: That is most generous.—The costs of the defendant and his advocate were allowed, and the Judge ordered the wife to pay Dr. Nicholls' costs.

Correspondence.

"Audi alteram partem."

NERVE-STRETCHING IN TETANUS.

To the Editor of THE LANCET.

SIR,—My attention has been pointedly drawn to a letter on this subject in your issue of the 13th inst., from an American surgeon, criticising a clinical lecture I delivered on a case in which I stretched the great sciatic nerve for tetanus following contusions of the foot.

I would wish your readers who are interested in this matter to do me the justice to form their own conclusions from my paper as to the basis on which I founded my opinion, rather than from the comments made upon it in Mr. Johnstone's letter.

At page 933 of the *British Medical Journal* for June 21, 1879, will be found an account of the case, with *a very brief abstract* of my lecture upon it. It is there stated that, after the stretching, "the course of the symptoms seemed more severe and more rapid. Although Mr. Morris refused, with the present slight data upon which to form an opinion, to pledge himself to any decided conclusion, he could not help expressing his conviction that nerve-stretching in tetanus would not prove a favourable mode of treatment. It seemed to him unscientific in principle, and, so far, most unsatisfactory in practice. The idea was to destroy the conductivity of the trunk-nerve, so as to cut the spinal cord off from its communication with the peripheral nerves at the seat of injury. But, in doing so, a very severe shock, or irritation, was likely to be excited by the nerve-stretching itself; so that the condition of the cord, be it what it might—whether a material change, a state of excitement from irritation, or a 'bad habit' induced by a 'depraved current'—seemed to him likely to be aggravated, not mitigated, by a new and great disturbance of the same nerve-channel, at a spot much nearer to the spinal centre. But at present the matter must be considered as *sub judice*."

Had the lecture been published in full it would have been found that I pointed out at the time that in order to have completely carried out the treatment by nerve-stretching the anterior crural, or at least the long saphenous nerve ought to have been pulled as well as the sciatic; and that, as this was not done, incisions through skin and subcutaneous tissue were made, encircling the inflamed wounds. The sciatic was the chief source of the nerve supply to the part, and therefore was selected; and though it requires but a poor knowledge of anatomy to know that the long saphenous nerve supplies the skin on the inner side of the ankle and foot, it would have required a much greater faith than I possess in the benefits likely to result from nerve-stretching in tetanus to have turned the patient over and cut down upon his anterior crural immediately after I had witnessed "a very severe general spasm" follow directly upon the pulling of the great sciatic.

That I acted thoroughly under the impression of the necessity of operating early and of procuring "complete isolation" from the wound, must be admitted from the fact that immediately I saw my patient I suggested amputation. As the mother refused I at once decided on trying the effect of nerve-stretching. The operation was performed within eighteen hours of the first spasm, but the child was dead within twenty-five hours of the onset of the attacks; and, as I have stated, the progress of the case appeared to have been hastened after the operation.

It was and is far from my wish "to prejudice scientific men against the only proceeding that promises much in the management of tetanus," and I shall be very glad to have reason to change my conviction. But as the number of operations reported is still small, and as, besides the ten unsuccessful cases to which your correspondent refers, death has also followed in two cases operated upon by Mr. Nankivell, in one by Mr. Langton, in one by Mr. Hutchinson, in one out of two cases by Verneuil, and in one by Kocher; and, further, as in the two successful cases, of the details of which I am aware—viz., Verneuil's and Clark's—the symptoms were limited and the disease of a chronic nature; and, finally, as in the successful case of Ratton, the patient was kept under the influence of chloral for a fortnight, I feel bound to say that I do not yet see grounds for changing this conviction. Success will doubtless sometimes follow most modes of treatment if the disease be chronic, and the patient seen early. I have myself had one happy result with opium lotion applied to the injured part, and cold to the spinal column. In Mr. H. E. Clark's case other means of treatment, especially Calabar bean in large and frequent doses, were also employed, and he states that he is "inclined to take a very moderate view of the part taken by the operation in the cure of the patient," and adds that an attack followed the operation immediately. To me it appears very improbable that nerve-stretching can be so successful in the treatment of tetanus as nerve section, such, for example, as occurs in amputation; and though success has on some occasions followed amputation, most surgeons are fully conscious of the slight hope it holds out in cases of acute tetanus.

In conclusion, I think, Sir, it would have been well if your correspondent, writing in the interests of scientific accuracy, had stated more precisely the position of the burn in the unsuccessful case in his own practice. By simply saying the injury was "below and in front of the knee," he leaves it open to his readers to question how he could have secured *complete* isolation by stretching the trunks of only two out of three nerves which supply the parts about and below the knee.

I remain, Sir, your obedient servant,

HENRY MORRIS,
Surgeon to, and Lecturer on Anatomy at, the Middlesex Hospital.

Mansfield-street, Dec. 16th, 1879.

VACCINATION AND SMALL-POX AT GRAVESEND.

To the Editor of THE LANCET.

SIR,—Whilst the discussion on the subject of Animal Vaccination — or, as it would be more appropriate and classical to term the operation, Vituline Inoculation, if the latter word had not been so identified with small-pox—is postponed, it may not be uninteresting to give a short account of what has occurred in this town (Gravesend) during the late epidemic of small-pox. The disease was widely spread. Cases occurred in all parts of the town, but principally in the poorer.

The number of inhabitants is now about 24,000. The number of cases was not quite 200, the deaths 29. Mortality almost invariably occurred amongst those who came under the following classes—(1) the unvaccinated; (2) the insufficiently vaccinated; (3) those not revaccinated; (4) the dissipated. And I would also add that the very timid always appeared more liable to the disease, though I would not say that mortality was more common from this cause. Small-pox occurred mostly, though not entirely, amongst the poorer classes (which circumstance speaks for itself), and those living in close and unhealthy parts of the town.

Primary vaccination is nearly universal, and during the alarm thousands availed themselves of revaccination, with what effect in both the number of cases and deaths show plainly. Judging from experience obtained years ago, this number, if multiplied by ten, making 2000 cases and 290 deaths, would have been much nearer the mark if such had not been the case.

The table appended shows the ages of both recoveries and deaths:—

Table of Cases of Small-Pox in Epidemic of 1878.

Age.	Cases.	Death.
Under 1 year	4	4*
1 to 5	2	2†
5 to 10	30‡	0
10 to 14	16	3
14 to 20	50	5
20 to 30	40	6
30 to 40	38	4
40 to 50	16	4
50 to 60	2	1
Total	198	29

Vaccination here is commonly practised from arm to arm, and it is not often that any other than human lymph is used. I myself, in the course of thirty-five years' tenure of office as public vaccinator, have three or four times resorted to vituline lymph, procured from Dr. Warlomont, of Brussels, or Mr. Green, of Birmingham, but with no better success than with my old lymph. Indeed I have found it necessary to discontinue the use of such lymph from the excessive irritation it produced after a few transmissions (as was stated at the Medical Society), and which appeared to me to be unnecessary. The lymph which I have occasionally procured from the National Vaccine Establishment has always proved itself to be of the very best character. It has nearly always produced all the result I could wish for; and my only cause for using the word "nearly" is that once it failed me altogether when there was a very hard run upon the office on account of the great general anxiety for revaccination. None that I have ever received from this source has produced any unhealthy results. One gentleman at the Medical Society seemed to think that a supply should be forthcoming from the National Establishment whenever

* All unvaccinated.
† One unvaccinated. The other died of convulsions, and after death three or four pustules were found.
‡ All vaccinated.

applied for in any quantity, forgetting the enormous pressure there must have been on that office at the worst time of the epidemic.

If, then, in a population of 24,000 we can reduce the deaths to twenty-nine in a widely-spread epidemic, and can show also that this number may be much further reduced with our present means, if proper precautions are used, and our patients will not obstinately refuse them, must we not suppose that we have in our hands in humanised lymph a prophylactic which will not admit of improvement, and that there is really no advantage to be gained by returning to the heifer, while we avoid what is likely to occur if we were to do so — the transmission to the human race of various other forms of disease from which it is only the comparative infrequency of such resort that now withholds us.

J. H. GRAMSHAW, M.D.,
Public Vaccinator and Medical Officer of Health for Gravesend.

THE SALICYLATES IN ACUTE RHEUMATISM.

To the Editor of THE LANCET.

SIR,—I have read with much interest in last week's LANCET an abstract of a paper read before the Harveian Society by Dr. William Squire.

It is gratifying to me to find that Dr. Squire's experience so closely bears out the views expressed by me in "Notes on Rheumatism," a second edition of which appeared about a twelvemonth ago.

I must take exception to one statement in the "abstract." It is that salicylic acid must be converted into salicylate of soda in the blood before its action on rheumatic fever begins." What really happens is just the reverse. It is likely enough that the above sentence is due to a mere clerical or printer's error, but it should not remain uncorrected. I am, &c.,

Harley-street, W., Dec. 22nd, 1879. JULIUS POLLOCK.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—Will you permit me to say a word on the other side of the question which "Surgeon-Major" so confidently settles, at least to his own satisfaction, in his letter of Saturday last. Of course I refer to the view of the recent Warrant taken by the medical officers of the army.

I do not profess to have the "very extensive acquaintance with the views," nor such certain information as to the weight of opinion "of the most thoughtful and experienced men in the department;" but I happen to be acquainted with the expressed opinions, verbal or written, of a few army surgeons who have at least experience, and, strange to say, the impression produced on my mind is of a very opposite character to that conveyed in the *quasi ex cathedrâ* remarks of your correspondent.

Before the appearance of the Warrant it was generally understood that the state of the department was not caused by a money difficulty, but that the question was one mainly of social position. Now, has this been affected by the Warrant? The unhesitating answer must be "No."

The Warrant is a money Warrant, in which, it may be observed, the interests of the head-quarter staff have been specially secured.

The general opinion among my—no doubt comparatively few—acquaintances in the department seems to be that the more this latest "fair effort" is looked at the less it is liked, and that the black thread introduced into the new gold lace is skilfully interwoven among the different paragraphs of the tinsel Warrant of 1879.

I am, Sir, yours, &c.,

December 22nd, 1879. Y.

BEQUESTS ETC. TO MEDICAL CHARITIES.—Mrs. Mary Charlton, of Dudley, bequeathed £10,000 to the Dudley-Guest Hospital, £1000 to the Dudley Dispensary, £300 to the Birmingham and Midland Eye Hospital, and £300 to the Midland Counties Idiot Asylum at Knowle. The Cancer Hospital has received £1000 from "E. P. P. J." The East London Hospital for Children has received £200 under the will of Mrs. Elizabeth L. Gill. The Eastern Counties Asylum for Idiots, Colchester, has received £200 under the will of Miss Rowley, of Holbecks, Hadleigh.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Licentiates of the College on Dec. 22nd :—

Adams, Alexander Peers, Greenholme, Kingston-hill.
Bates, Henry Leslie, Streatham-common.
Bond, Charles John, Albert-street, N.W.
Branson, Cecil Lugard Smyth, Tavistock-road, W.
Crew, William Thomas, Falmouth-road, S.E.
Dimmock, Henry Peers, Moore-street, S.W.
Ensor, Theodore Francis, Milborne Port.
Faulkner, Joseph, Darnley-road, E.
Jones, Charles Montagu Handfield, Green-street, W.
Lathbury, Charles John, Breaston, Derby.
Lewis, Christopher John, Park-place Villas, W.
Lewis, George Stephens, Guy's Hospital.
Lovell, Robert Haynes, St. Mary's Hospital.
Mort, Herbert Brownlow, Southport.
Rich, Evelyn Arthur, Winchester.
Townsend, Knowlson, Edinburgh.
Warrburton, Arthur Betley.

The following candidate, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a Qualification in Surgery recognised by this College :—

McKee, Gerald Macklin Eccles, Overstone-road, W.

BRITISH MEDICAL SERVICE. — The following is a list of candidates who were successful for appointments in this Service at the competitive examination held in London on December 8th :—

	Marks.		Marks.
F. R. Barker	2590	R. D. Donaldson	1750
A. H. Keogh	2525	H. L. E. White	1745
C. B. Hill	2420	C. M. Johnston	1740
J. R. A. Clark	2330	J. L. Hall	1705
H. E. B. Flannagan	2295	A. H. Burlton	1700
H. J. Michael	2230	E. North	1695
T. Dorman	2215	G. F. Poynder	1695
A. W. G. Inman	2185	J. K. Sherman Bigg	1675
T. M. Corker	2180	G. F. A. Smythe	1665
E. H. Myles	2145	H. L. Battersby	1655
G. S. Robinson	2125	A. Hewitt	1645
F. B. Moffitt	2115	E. Landon	1640
C. A. Webb	2075	P. Mulvaney	1635
J. G. S. Lewis	2065	J. E. Nicholson	1635
H. Martin	2050	T. W. Beale	1625
A. E. J. Croly	2010	F. E. C. Hood	1625
R. O. Cusack	2010	W. O. Wolsley	1610
E. F. Smith	2010	T. F. M'Neece	1605
W. A. Cowen	2000	R. O. Smith	1580
R. H. Forman	1995	B. T. M'Creery	1580
S. J. Flood	1965	A. P. O'Connor	1575
D. S. Williams	1955	A. M'M. Bolster	1570
G. W. Robinson	1940	D. Wardrop	1545
N. Cameron	1920	G. T. Goggin	1530
J. Watson	1910	H. G. Christian	1485
O. Todd	1905	J. M. Jones	1470
A. O. Geoghagan	1876	F. M. Baker	1465
C. R. Egan	1810	C. Williamson	1465
J. D. Day	1805	R. Oliver	1415
W. R. Henderson	1805	A. Asbury	1400
R. T. Cumming	1800	P. M. Carleton	1375
A. M. Kavanagh	1795	F. R. Maclean	1365
J. H. Hanwood	1765		

The following gentlemen, having obtained the qualifying number of marks, have also been accepted :—

H. L. Cox
J. P. Carmody
R. W. Barnes
T. P. Walsh
G. H. K. Mc O'Callaghan
P. H. Fox
H. A. Wall

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 18th :—

Cook, John William Cross, Hockesly Priory, Colchester.
Griffin, Henry Frederick, Banbury, Oxon.
Loveridge, Arthur William, Hammersmith.
M'Donagh, James Samuel, Hampstead-road.
Morris, William Albert, Caerleon, Monmouth.
Underhill, George, Tipton-green, Staffordshire.
Wood, Charles, High-street, Uttoxeter.

The following gentlemen on the same day passed the Primary Professional Examination :—

Charles Fredk. Camp, Guy's Hospital; Andrew Stonman and Francis Horton Villanneva, Charing-cross Hospital; Thos. Roberts, London Hospital.

UNIVERSITY OF DUBLIN. — The following degrees were conferred last week :—

BACHELOR IN SURGERY.—Wallace Beatty, Robert Henry Johnston, George Henry Manning, Joseph Dallas Pratt, John De Courcy Williams.
MASTER IN SURGERY.—William Ireland Wheeler.
BACHELOR IN MEDICINE.—Wallace Beatty, George Henry Manning, Malcolm Henry Moore, Richard Henry Stewart Sawyer.
DOCTOR IN MEDICINE.—William Alexander Fitzgerald, Stephen Flood (*in absentia*), Nicholas John Halpin, Thomas Kinley Hamilton, Edward Sharkey.
MASTER IN OBSTETRIC ARTS.—William Henry White.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a recent meeting of the Court of Examiners, the following was admitted to the Fellowship of the College:—

Thomas Foley Brew.

THE Library of the Royal Medical and Chirurgical Society will be closed on Thursday, Friday, and Saturday, December 25th to 27th.

WE observe that the name of Captain J. G. F. Richardson has been added by the Lord Chancellor to the list of magistrates for the borough of Leicester. Captain Richardson is the leading partner in the well-known firm of John Richardson & Co., manufacturing chemists, Leicester, and is also a member of the Pharmaceutical Council.

MEDICAL MAGISTRATES.—Dr. Robert Kirkwood, of Largs, and Dr. William MacLachlan, of Doonbank, have been placed on the Commission of the Peace for Ayrshire.—Mr. Charles Holttum, F.R.C.S. Eng., has been placed on the Commission of the Peace for Canterbury.

Medical Appointments.

BAYNES, Mr. J., junr., has been appointed Public Analyst for the Borough of Great Grimsby, at £10 10s. per annum and fees.

BERDOE, E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the No. 1 District of the Parish of St. Matthew, Bethnal-green, vice Massingham, deceased.

BOWER, E. D., M.R.C.S.E., L.S.A.L., has been appointed a Surgeon to the Gloucester Lying-in Charity, vice Hickes, retired from practice.

BROMLEY, F., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the Kinsham District of the Kington Union, vice Hanson, resigned.

CROWTHER, T., M.D., M.R.C.S., L.S.A.L., has been appointed Certifying Factory Surgeon to the Luddenden District, vice Elliott, resigned.

FULTON, T., M.D., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon for the District of Saintland, co. Down.

HALL, J. C., M.B., has been appointed Medical Officer to the Monaghan Union Workhouse, at £80 per annum, vice Ross, resigned.

HAMILTON, R., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Cawood and Riccall Districts of the Selby Union, Yorkshire, and Medical Officer to several Friendly Societies, Cawood, vice Sinclair, resigned.

HOBSON, J. M., M.D., M.B., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to the North-Eastern Hospital for Children, Hackney-road, for the ensuing year, vice Reed, whose appointment expires on the 31st inst.

HOLLIS, A. H., M.D., has been appointed Medical Officer of Health, and Medical Officer and Public Vaccinator for the Yarmouth District of the Isle of Wight Union, vice Phelps, resigned.

HORSFALL, J. S., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Sowerby-bridge, Yorkshire, vice Elliott, resigned.

JOHNSON, C. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Basingstoke Union Workhouse, vice Sweeting, resigned.

KIRKWOOD, T., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Austrey District of the Tamworth Union, vice Bowker, deceased.

LENDON, A. A., M.B., has been appointed House Surgeon to the Bristol Royal Infirmary, vice Lilley, resigned.

LYON, F. H., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the No. 3 District of the Newbury Union, Berks, vice Watts, deceased.

MCCONAGHY, R., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon for the District of Castlefin, co. Tyrone.

MACKINTOSH, Mr. H. W., has been appointed Professor of Zoology at the University of Dublin, vice Macalister, resigned.

MIDDLEMIST, R. P., M.R.C.S., L.R.C.P.L., has been appointed Honorary Surgeon to the Royal Masonic Benevolent Institution for Aged Freemasons and Widows of Freemasons.

MOORE, Mr. E. H., has been appointed Public Analyst for the Borough of Arundel, at £5 5s. per annum and fees.

MORGAN, Mr. W., has been appointed Public Analyst for the Borough of Brecknock, at £5 5s. per annum and fees.

NAPIER, T. W. A., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Tintern District of the Chepstow Union, and Certifying Factory Surgeon, vice de Wolfe, resigned.

PLAYFAIR, J., M.B., F.R.C.P.Ed., has been appointed an Extra Physician to the Royal Hospital for Sick Children, Edinburgh, vice Cunynghame.

POWELL, E., M.R.C.S. &c., Senior Assistant Medical Officer of the Kent County Lunatic Asylum at Barming-heath, has been appointed Medical Superintendent of the New Borough Lunatic Asylum, Nottingham.

RICE, G., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the North District of the Derby Union, vice Copestake, resigned.

RIVINGTON, W., M.B. & M.Ch., F.R.C.S.E., has been appointed Consulting Surgeon to the London Orphan Asylum, Watford, vice Curling, resigned.

ROBINSON, J., M.D., F.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Midhurst, Sussex.

SHUTER, J., M.B., F.R.C.S.E., has been appointed Assistant-Surgeon to the Royal Free Hospital, vice Cripps, resigned.

SLOAN, Dr. S., has been appointed Physician-Accoucheur to the Glasgow Maternity Hospital, vice Tannahill, resigned.

THOMPSON, J. A. B., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the No. 7 or Corfe District of the Taunton Union, vice Taylor, deceased.

TIDBURY, R., M.D., C.M., & L.M., has been appointed Assistant Medical Officer to the Ipswich Lunatic Asylum, vice Bowes, resigned.

TUNSTALL, A. C., M.B., C.M., has been appointed Medical Officer to the French Protestant Hospital, Victoria-park-road, vice Dixon, resigned.

WOODS, W., L.R.C.P.Ed., L.K.Q.C.P.I., has been appointed Medical Officer to the County Monaghan Fever Hospital, vice Ross, resigned.

Births, Marriages, and Deaths.

BIRTHS.

ALLAN.—On the 16th inst., at Dene-terrace, Southwick, the wife of Hugh Blyth Allan, L.F.P.S.G., of a daughter.

FASKALLY.—On the 12th inst., at Daventry, the wife of George Bleeck Faskally, F.R.C.S.Ed., of a son.

MACDONALD.—On the 21st inst., at Dumfries, the wife of A. D. MacDonald, M.D., of a son.

MILLER.—On the 19th inst., at Percy House, Percy-circus, the wife of John Alexander Miller, M.R.C.S.E., of a daughter.

MARRIAGES.

ANDREWS—MOORE.—On the 3rd inst., at the Parish Church, Camden-town, London, by the Rev. John Fitzgerald, William Stratford Andrews, M.B.Lond., F.R.C.S., to Amelia, daughter of the late James Moore, Esq.

PLAXTON—ROBY.—On the 13th inst., at Colombo, Joseph William Plaxton, M.R.C.S.E., to Edith Anne, daughter of the late John Henry Roby, Esq.

DEATHS.

BARRY.—At Carrigtuohill, co. Cork, John William Barry, M.D., aged 80.

COX.—On the 14th inst., at Nice, William Travers Cox, M.D., aged 71.

GIBSON.—On the 12th inst., at York, John Haydock Gibson, M.D., aged 53.

HUTCHISON.—On the 12th inst., at The Crescent, Norwich, Charles Hutchison, M.D., aged 84.

JACKSON.—On the 21st inst., at Grange-road, Darlington, Thomas Hayes Jackson, M.D., F.R.C.P., aged 69.

NOTT.—On the 14th inst., at Kennington-park, William Francis Nott, M.R.C.S.E., aged 77.

TRIBE.—On the 6th September, at sea, on the voyage to Melbourne, Herman Henry Tribe, M.R.C.S.E., of Chatham, aged 54.

N.B.—*A fee of 2s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

CONTRIBUTORS TO THE LANCET FOR 1880.

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M. TERRILLON, Surgeon to the Paris Hospitals; Agrégé of the Faculty, Paris.

Notes, Short Comments, and Answers to Correspondents.

THE SENATORIAL NOMINATION-LIST OF THE UNIVERSITY OF LONDON.

WE take the opportunity, in reply to several inquiries, to state, (1) That signing a nomination-paper does not necessarily imply a pledge to support the candidate nominated. On previous occasions many members of Convocation signed the nomination-papers of all three candidates. When the names come formally before Convocation, votes are taken in favour of one particular candidate. The object of nomination is to bring a list of at least three eligible candidates forward, so as to give the opportunity of selection. Nomination is one thing, a merely formal one; voting is another thing, and a final or selective one. Many members of Convocation, it appears, have not realised this distinction, and erroneously think themselves committed to vote for the candidate they have nominated. (2) The nomination-paper of Mr. Herschell has been largely signed by medical graduates, who will give him their warm support.

Mr. F. F. Jay.—Our knowledge of particulars is not sufficient for us to take any notice of the matter.

THE MORNING TUB.

To the Editor of THE LANCET.

SIR,—If you can find room for further remarks on this subject, the experience of one whose constitution is not over-robust may be of interest. Everything depends upon the *modus operandi*. For years I used to kneel down first, sponge face, neck, and thorax, then *step* into the bath and sponge my back and limbs. This is, I believe, the usual course, but it causes a severe shock when the water courses down the back. The following method I have found to break the shock wonderfully, and it applies to all sponge baths. Kneel down and sponge face, arms, neck, and thorax; then *sit* into the bath with legs out (this is the important part), and sponge the back and body, then stand and sponge legs. The whole matter is not the work of a minute, and the absence of shock is remarkable. In previous winters I have had difficulty in screwing up my courage, but last winter and during the recent severe weather *I* have thoroughly enjoyed my tub. I may mention that several timid friends, whom I induced to try my plan, no longer find their courage lowered with the temperature.

One point more. After coming out of the bath, step on to a soft, warm rug. Dr. Lane's recommendation to use dumb-bells or other forms of exercise, I cannot carry out. Exercise on an empty stomach upsets me. Yours obediently,

December, 1879. PHILYDOR.

A Constant Reader.—An unqualified assistant is not entitled to sign a death certificate, even where the principal has seen the case. He should state the facts to the registrar.

Parent.—A Handbook or Guide to the Public Services, published by Harrison.

Mr. J. Lloyd-Thomas.—Next week.

RETENTION OF A FARTHING IN THE STOMACH FOR SEVEN MONTHS.

To the Editor of THE LANCET.

SIR,—About three weeks ago a child, J. R. S——, aged two and a half years, was brought here for enlarged strumous cervical glands. On inquiring into the history of the case, the mother stated that about last Christmas, 1878, she gave her purse to her child to play with. Shortly afterwards she missed the farthing which the purse contained, and thinking the child might have swallowed it, she gave it a teaspoonful of castor oil by the advice of a medical man in the neighbourhood. No ill-effects followed, and for seven months nothing unusual was noticed. After this period the child was suddenly seized with coughing; vomiting ensued, and something was heard to tinkle in the utensil used, and to her surprise this proved to be the long-lost farthing. The farthing was produced, slightly eroded.

This case illustrates how long a foreign body may remain in the stomach without passing into the intestines or causing any constitutional disturbance.—Yours truly,

JOHN R. LUNN, L.R.C.P. Lond.,
Resident Assistant Medical Officer, East London Hospital
November, 1879. for Children, Shadwell, E.

SEA-SICKNESS.

To the Editor of THE LANCET.

SIR,—Would any of your correspondents be kind enough to inform me, through the medium of THE LANCET, if there is any treatise or text-book on Sea-sickness, in which the subject is fully dealt with. I am aware that the subject was discussed in vol. ii. of THE LANCET for 1875, and also in the May numbers for the present year, but beyond that I can find nothing on the subject.

I am, Sir, yours respectfully,

Buckingham, Nov. 5th, 1879. NITRITE.

WINTER CHARITY.

IT is most desirable that, with several degrees of frost in the air most days, our consideration for the poor should be wise and prudent; but it should also be prompt and followed by action. From many medical stand-points it is easy to see that a large number of people are suffering extremely from defective food supplies and scanty clothing. It is lamentable that more is not done in London in promoting enterprises for the provident supply of cheap warm meals, such as have been so brilliantly successful in Glasgow in the hands of Mr. Corbett and others. With the thermometer below freezing-point, destitute people and children must be fed somehow, and, if necessary, by missions such as the London Cottage Mission, Limehouse, and others, which are worthy of help.

THE M.D. EXAMINATION AT THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—I was rejoiced to read your remarks upon the regulations for the M.D. examination at the University of London, in THE LANCET of the 13th inst., and I am emboldened by reading them to point out that they weigh very heavily, and I think unjustly, upon many graduates who, after taking their M.B. degree, have to commence practice in the country. After a very extended curriculum of study and the most severe and searching examinations, it is surely needless to submit these graduates to a mere repetition of the very same ordeal before they can proceed to the M.D. degree; for, as you justly observe, the written papers and clinical examinations for the M.D. are in no respect different from those of the second examination for the M.B. But in the meantime the graduate has become engaged in the practice of his profession, perhaps extensively, and has no time at his command to keep himself read-up in the various subjects in which his proficiency has been already severely tested. If Bachelors of Medicine of, say, ten years' standing were allowed to present themselves for the examinations in Logic and Mental Philosophy only, the medical part of the examination being retained, if thought desirable, for candidates fresh from the schools, I think a great boon would be conferred on them, and many would be glad to avail themselves of the privilege in common with,

Your obedient servant,

Dec. 16th, 1879. AN M.B. OF TWENTY YEARS' STANDING.

Dr. R. Neale.—We are not aware that jaborandi has been tried in hydrophobia. Other diaphoretic agents have been employed without encouraging results; but the action of jaborandi is so special that it certainly deserves a trial, particularly as its alkaloid pilocarpin might be administered hypodermically.

ATROPINE AS AN ANTIDOTE TO FUNGUS POISONING.

To the Editor of THE LANCET.

SIR,—In your interesting article on Fungus Poisoning and its Treatment, you refer to the experiments of Professor Schmiedeberg, of Strasburg, on the extraction and action of *Muscarine*. I should be greatly obliged by your informing me where I can find an account of the same. The bibliography of the subject is so obscure that there are, doubtless, many besides myself who would be glad of this information. And I would further ask whether any chemist has found a poison akin to *muscarine* in any other fungus than *Agaricus (Amanita) muscarius* (Linn.) Since no other species is known that has such a peculiar effect as Dr. M. C. Cooke has described this as having in Russia, it would be interesting to know if atropia can reasonably be employed as an antidote to the poisonous principle of other fungi.

Your obedient servant,

Kilburn, Dec. 4th, 1879. HENRY T. WHARTON, M.A.

*** O. Schmiedeberg and R. Koppe: Das Muscarin, das Giftige Alkaloid des Fliegenpilzes, seine Darstellung, Chemischen Eigenschaften, Physiologischen Wirkungen, Toxikologische Bedutung und sein Verhältniss zur Pilzvergiftung im Algemeinen (Leipzig, 1869, F. C. W. Vogel). Prévost's papers: *Gaz. Méd. de Paris*, 4 sér., t. 3, p. 243; and *Comp. Rend.*, t. 49, p. 381. M. Alizon's paper was read before the Academy of Sciences, Paris, March 29th, 1876.

THE POSITION OF WHITE CORPUSCLES IN THE BLOOD-STREAM.

To the Editor of THE LANCET.

SIR,—If a small bloodvessel be examined during life a coloured core of red corpuscles may be seen passing swiftly along its centre, surrounded by a slowly moving zone of liquor sanguinis and leucocytes. The peripheral position of the white corpuscles has been accounted for by attributing to them a greater adhesiveness, but I would advance, as an additional reason, their light weight and relatively small moments. A log of wood floating down stream grazes the bank—its moment enables it to overcome the friction it encounters and to glance off again into mid-stream. But with a flake of foam or floating straw it is different; once in contact with the edge they there remain, now and again moving along the bank in slow and uncertain fashion, caught by some eddy, perhaps, or passing current. That the white corpuscles are considerably lighter than the red the phenomena of blood-clotting testify.

I am, Sir, yours truly,

Edinburgh, Dec. 1879. GEORGE BUDD, Junior.

AN EXTRACT FROM THE "MEMOIRS OF CAPTAIN CREICHTON," BY DEAN SWIFT.

A CORRESPONDENT sends us the following extract from the "Memoirs," which were first published in 1731 :—

"My surgeon having unfortunately neglected to tie a string to the tent of green cloth which he used for the wound, the tent slipped into my body, where it lay under my navel seven months and five days, and exceedingly pained me, not suffering me to sleep otherwise than by taking soporiferous pills.

"While I continued in Edinburgh I ordered some pipes of lead to be made in a mould, through which the thin corruption which continually issued out of the wound, caused by the tent remaining in my body, might be conveyed as through a fauset. These pipes I cut shorter by degrees, in proportion *as I imagined the wound was healing at the bottom*; till at last, by mistaking the true cause, the tent continuing still where it did, the pipes became too short for the use intended; wherefore, when I was in Ireland, I made a coarse pipe myself, which was long enough. This pipe, after the wound was washed with brandy, always remained in my body till the next dressing; but being made without art, and somewhat jagged at the end, it happened one morning, when the pipe was drawn out as usual in order to have the wound washed, the tent followed, to the great surprise of my father."

The wound healed in about twenty days. This reference to the drainage-tube needs no comment.

TRICYCLES.

To the Editor of THE LANCET.

SIR,—In answer to your correspondent who asks for information on the "observed effects of the continued use of tricycles," I beg to offer a few remarks.

From ten years' experience of the tricycle and bicycle myself, I consider the strain of the bicycle the greater. My brother has had an oblique inguinal rupture for ten years at least, and has ridden a bicycle for more than five, wearing a truss the whole time. About three years ago he consulted his medical man about it. He told him to discontinue using the bicycle. He has, nevertheless, used it ever since, and on a late examination I could not perceive any enlargement of the rupture.

About a year ago I was consulted about a similar rupture. I told him bicycling would not do it any good, and as the privation of giving it up would be very great, I told him to continue the sport, provided he always wore a truss. He had the rupture before he commenced bicycling, and it has not increased.

Yours &c.,

Dec. 15th, 1879. W. D. J.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. R. Barnes, London; Dr. J. Pollock; Mr. W. Rivington, London; Mr. J. Howell; Mr. Naylor, Tasmania; Mr. M'Kidden, San Francisco; Mr. Pearse, Maitland, N.S.W.; Dr. O'Neil, Lincoln; Dr. Warneford, Torquay; Mr. Glover, Dorrington; Mr. H. Morris; Mr. Corner, Fiji; Dr. Bissell, Mahanoy City, U.S.A.; Mr. Bigg, London; Mr. Lattey, Kensington; Dr. Allan, Glasgow; Mr. Thomson, South Yarrow; Mr. A. Wheeler, Darlington; Mr. Buckle, Brighton; Mr. Coulbourne, Weston-super-Mare; Dr. Fothergill, London; Dr. Andrews, Dover; Mr. Chapman, London; Mr. Teevan, London; Dr. Weber, London; Mr. Mulligan, Croydon; Mr. Hill, Crickhowell; Mr. Roberts, Barnoldswick; Mrs. Rablah; Mrs. Brown, Birkenhead; Mr. Slater, Eversham; Dr. Lyon, Glasgow; Messrs. Letts and Co., London; Dr. Crowther, Luddenden; Mr. Rigden, Brompton; Mr. Kneebone, Bedford; Mr. Powell, Nottingham; Dr. Guttman, Berlin; Mr. E. Proctor, Newcastle-on-Tyne; Mr. Greenway, Plymouth; Mr. Service, West Boldon; Dr. Lake, Teignmouth; Mr. Nicoll, Bombay; Mr. Bartlett, Southampton; Dr. O'Sullivan, Cork; Mr. Croft, London; Mr. Blyth, London; Dr. Page, Kendal; Mr. Thomas, Birmingham; Mr. M'Cabe, Bombay; Dr. Poole, Bombay; The Director-General of the Army Medical Department; Constant Reader; Scrutator; Y.; Sceptic; Africa; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Jackson, Darlington; Mr. Crombie, St. Andrews; Messrs. Hill and Davidson, Glasgow; Mr. Moon, Brighton; Mr. Noote, London; Mr. Warters, Boston; Mr. Jackson, Denholme; Mr. Taylor, Barnsbury; Mr. Wade, Sheffield; Mr. Fosbrooke, Birmingham; Mr. Macgill, Littleborough; Mr. Sowerby, Stokesley; Messrs. Maclachlan and Co., Edinburgh; Mr. Robathon, Risca; Dr. Skerritt, Bristol; Mr. May, London; Mr. Terry, Alleghany; Mr. Storrer, Beccles; Mr. Mackintosh, Chesterfield; Messrs. Orridge and Co., London; Dr. Hardwicke, Sheffield; Dr. Harris, Baslington; Mr. Fraser, Hastings; Dr. Clark, Cupar; Mr. May, Morton Hampstead; Dr. Gibson, Evie; Mr. A. Smith, London; Mr. Thompson, London; Mr. Christie, Coton Hill; Mr. Ramsden, Halifax; Dr. Maskew, Leamington; Mr. Newton, Mudgee, N.S.W.; Mr. Fuller, Winchester; Mr. Fitzgerald, Saundersfoot; Mr. Trimnell, Mongonui, New Zealand; Paper; Sigma, Edinburgh; Junius; A. B.; Veritas, Hackney; H. E. S., Bradford; Medicus, West Smethwick; M. D. J.; J. K. M.; The Obstetrical Society of London; N. J. R.; S. R.; Alpha; R. B. T., Islington; Medicus, Brighton; Surgeon, Bristol; Medicus, Tring; Alpha; T. A. L.; Medicus, York; C. C. C., New North-road; Medicus, Ousegate; W., Louth.

Young England, Orkney Herald, Inverness Courier, Glasgow News, Shrewsbury Chronicle, Manchester Examiner, Bradford Observer, Preston Guardian, &c., have been received.

Medical Diary for the ensuing Week.

Monday, Dec. 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Tuesday, Dec. 30.

ST. MARK'S HOSPITAL.—Operations, 9 A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Air and Water."

Wednesday, Dec. 31.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Jan. 1.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Air and Water."
HARVEIAN SOCIETY.—8½ P.M. Anniversary; Election of Officers; President's Address; Conversazione.

Friday, Jan. 2.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Jan. 3.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Air and Water."

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